

Case Number:	CM14-0012453		
Date Assigned:	02/21/2014	Date of Injury:	07/21/2009
Decision Date:	07/25/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old male who has filed a claim for lumbar degenerative disc disease associated with an industrial injury date of July 21, 2009. Review of progress notes indicates low back pain radiating down the left outer portion of the left leg. Findings include lumbar tenderness, spasms of the paraspinals, and decreased range of motion due to pain. An MRI of the lumbar spine dated January 04, 2011 showed multilevel degenerative disc changes with mild canal stenosis, narrowing of the left lateral recess with impingement of the left L5 nerve root at L4-5, and narrowing of the right lateral recess at L5-S1 without impingement of the S1 nerve root. Treatment to date has included opioids, chiropractic care, physical therapy, nonsteroidal anti-inflammatory drugs (NSAIDs), tricyclics, muscle relaxants, Gabapentin, and topical analgesics. Utilization review from January 28, 2014 denied the retrospective requests for Flurbiprofen 20% and Lidocaine 2% cream 150gm as these are not recommended for topical use; and Methoderm cream 120ml as there was no documentation of intolerance to or failure to respond to other treatments. There was a modified certification for Protonix 20mg for #30 as the recommended dosing is once daily; and Flexeril 7.5mg for #30 as this medication is not recommended for chronic use, and tapering was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE REQUEST FOR PROTONIX 20 MG QTY 60 DOS 1/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Guidelines state proton pump inhibitors (PPI) are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of aspirin, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPIs > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least August 2013. However, there is no documentation of upper GI symptoms, or of the above-mentioned risk factors to support continued use of this medication. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR FLEXERIL 7.5 MG QTY # 60 DOS 1/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Guidelines state that Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The patient has been on this medication since July 2013. Although there is mention of spasms within the lumbar paraspinal musculature, this medication is not recommended for long-term use. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR FLURBIPROFEN 20 % AND LIDOCAINE 2 % CREAM 150 GM QTY 1 DOS 1/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Guidelines state that there is little to no research for the use of flurbiprofen in compounded products. Regarding the Lidocaine component, guidelines identify that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. There is no documentation regarding intolerance to or failure of conventional oral analgesics. Additionally, there is no discussion regarding the need for variance from the guidelines. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR MENTHODERM CREAM 120 ML QTY 2 DOS

1/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Methoderm is composed of methyl salicylate and menthol. Guidelines state that topical salicylates are significantly better than placebo in chronic pain. In this case, the patient is already on oral NSAID and opioid therapy. It is not clear as to the significant additional benefits Methoderm will be able to provide beyond that of the oral analgesics. The indication for necessity of this medication is unclear at this time. Therefore, the request is not medically necessary.