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| Case Number: | CM14-0111538 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 01/21/2009 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/17/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 injured worker is a 63 year-old male with a work injury dated 01/21/2009. The diagnoses include lumbosacral spine degenerative disc disease, sciatica, and radiculitis as well as cervical spine degenerative disc disease and radiculopathy, and depressive disorder. Under consideration is a request for Menthoderm Gel, quantity #2, Omeprazole 20mg #100, Neurontin 600mg #100, Voltaren XR 100mg quantity #1, Flexeril 7.5mg quantity #1. There is a supplemental report (appeal) dated 06/28/2014 that states that listed the patient's recent significant exam findings which include decreased lumbar range of motion in flexion, extension and bilateral bending by 10 percent of normal. There is tenderness in the bilateral iliolumbar ligaments. There is decreased light touch sensation in the dorsal aspect of bilateral feet (L4, L5, and S1). There are normal reflexes in the bilateral knees and ankles. There is normal strength in the bilateral knee flexors, knee extensors, dorsiflexors, and extensor hallucis longus muscles. There is a positive bilateral straight leg raise at 40 degrees. The document states that in regards to Omeprazole, he has tried taking anti-inflammatory medications, without Omeprazole in the past but notes having gastritis type symptoms. The use of Omeprazole is to protect against gastric and duodenal ulcers. The patient continues to take his NSAIDs (Voltaren XR) for inflammation as documented in the notes. Since the patient has had long standing issues with NSAIDS, he will need to be on Omeprazole long term to prevent gastric ulcers. The patient had been given Neurontin in the past for leg paresthasias secondary to his LS radiculopathy, but since this medicine was not sufficient in controlling the numbness, he was started on Menthoderm cream. The cream is essential because since he is not interested in taking narcotics or having surgery for the lumbar spine. The Voltaren medicine has helped to control his pain and inflammation in the lumbar spine. In addition, he had already tried Tylenol which was ineffective in controlling his pain and

inflammation. To help him manage his paresthetic pain in his legs secondary to his LSradiculopathy, the patient was started on Neurontin. The patient has clear neuropathic pain from in his spine with numbness--and tingling-affecting both feet. In regards to Fexmid, the patient has been suffering from acute muscle spasms in the LS paraspinal muscles as documented. A 03/17/2014 document states that Flexeril 7.5mg will be added to assist with the leg pain and cramping. An 11/25/2013 orthopedic progress note indicated that the patient is still awaiting approval for Cymbalta request. Patient continues taking Gabapentin, Diclofenac, and Tramadol. A 01/03/2014 document states that Cymbalta was authorized. In a 02/18/2014 document the patient rated the low back pain as 7/10; leg 9/10; neck 7/10; shoulder 7.5/10. A May 2014 document the patient stated his low back pain was 7-8/10; leg 10/10; neck 7/10; and shoulder 9/10. A 01/13/2014 document states that the patient continues to take Diclofenac one a day, Trazodone one a day, and Gabapentin 900 mg/day. He reports that the medication does not seem to be helping with his pain, has not felt any relief. Patient would like to discuss other medications that he could be taking to help him reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel quantity #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm> Menthoderm TM Gel, Topical NSAIDs, Capsaicin, Baclofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals page 105, Topical analgesics pages 111-113 Page(s): 105 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>.

Decision rationale: Menthoderm is a topical analgesic used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. The active ingredients are Methyl Salicylate 15.00% and Menthol 10.00%. The MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay which is a topical salicylate. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence of intolerance to oral medications necessitating the need for this topical analgesic. Furthermore, this medication is recommended for short term temporary relief of pain in the conditions stated above. The patient's condition is chronic which is not included in the recommended uses for Menthoderm. The request for Menthoderm Gel quantity #2 is not medically necessary.

Omeprazole 20mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The MTUS guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. For dyspepsia due to NSAID use the NSAID can be discontinued, changed to another class of NSAIDs or a proton pump inhibitor added. The documentation indicated that the patient had dyspepsia from medication use and has been on Voltaren. However, elsewhere in this review it was deemed that Voltaren was not medically necessary; therefore the request for Omeprazole 20mg #100 is not medically necessary.

Neurontin 600mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Duloxetine (Cymbalta) Page(s): 16-19.

Decision rationale: The patient does have some evidence of neuropathic pain. The documentation indicates that he is on Cymbalta and Gabapentin. The documentation indicates that despite increasing the dose of Gabapentin the patient continues to have no significant change in his VAS Pain levels. The MTUS states that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Without significant change in VAS scores or evidence of functional improvement as defined by the MTUS the request for Neurontin 600mg #100 is not medically necessary.

Voltaren XR 100mg quantity #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Nonselective NSAIDS Page(s): 67-68, 71.

Decision rationale: Voltaren XR is for chronic maintenance therapy. The MTUS does recommend NSAIDs as an option for short-term symptomatic relief. The documentation indicates that the patient has been on Voltaren XR long term without any significant

improvement in pain levels or functional improvement as defined by the MTUS. Without evidence of improved pain or function the request for continued Voltaren XR 100mg quantity #1 is not medically necessary.

Flexeril 7.5mg quantity #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics; Cyclobenzaprine (Flexeril) Page(s): 6, 41-42.

Decision rationale: Per the MTUS guidelines this medication is not recommended to be used for longer than 2-3 weeks. The MTUS states that there is limited, mixed-evidence does not allow for a recommendation for chronic use. From the documentation submitted patient has been on this medication much longer than the 2-3 week recommended period (since March of 2014) and therefore continued use is not medically necessary.