

Case Number:	CM14-0113857		
Date Assigned:	08/01/2014	Date of Injury:	05/18/2011
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 49-year-old male with a 05/18/2011 date of injury. A specific mechanism of injury was not described. 6/19/14 determination was non-certified. Reasons for non-certification included no documentation of significant pain reduction, change in VAS score, or objective measures of functional improvement. The long term use of muscle relaxants was not supported by guidelines. There was no documentation of improvement in GI symptoms with the use of omeprazole. 4/28/14 progress report identified cervical, thoracic, lumbar spine, bilateral shoulder, bilateral wrist, bilateral elbow, bilateral knee pain, and bilateral ankle pain. The ranged from 6 to 8/10. Exam revealed tenderness to palpation over the lumbar spine with decreased range of motion, positive Kemp's and Miner's. There were paraspinal muscles. The rest of the findings could not be read legibly due to copy quality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, 1/2 to 1 Tab 8-12 hrs PRN #45: 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 Page(s): 63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. While there are some spasms noted on exam, there was no indication that these were acute in nature and that a short course of the medication was needed. There was also no indication or how long the patient had been on this medication and a rationale for the necessity of chronic intake. The medical necessity was not substantiated. Therefore, the request is not medically necessary.

Naproxen 550mg, 1 Tab BID w/ food PRN #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDsNSAIDs, specific drug list & adverse effects, Naproxen (Na).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG states that NSAIDs are recommended for acute pain, acute LBP, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) There is inconsistent evidence for the use of these medications to treat long

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient has pain on multiple body parts and an anti-inflammatory may help with these. However, there was no clear delineation of the patient's pain and the report provided was not entirely legible. No clear exam findings in each of the affected body parts were documented. There was no indication of pain relief from medications or any improvement in function. Given 2011 date of injury, it was not clear if the patient had been on this medication chronically and a rationale for doing so. The medical necessity was not substantiated for continued prescription of naproxen. Therefore, the request is not medically necessary.

Omeprazole 20mg, 1 Cap QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG (Pain Chapter). Proton pump inhibitors (PPIs) Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec® (omeprazole), Prevacid® (lansoprazole) and Nexium® (esomeprazole magnesium) are PPIs. Omeprazole provides a

statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPIs are more effective than all other ther

Decision rationale: MTUS chronic pain medical treatment guidelines support the use of proton pump inhibitors at patient's with at least intermediate risk for gastrointestinal events. ODG states that the use of a PPI should be limited to the recognized indications and used for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Despite the patient being under apparent chronic NSAID therapy, there was no indication of any GI complaints or a rationale why omeprazole was indicated. The request is not medically necessary.

Menthoderm (Methyl Salicylate 15% / Menthol 10%) 360gm Gel, Apply 3 Times.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111-105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is si.

Decision rationale: CA MTUS states that salicylate topicals are recommend and are significantly better than placebo in chronic pain. While the guidelines referenced support the topical use of mental salicylates, the requested brand name has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There was also no rationale for the necessity of the requested topical medication or what added benefit provides to the patient in terms of pain relief. The medical necessity was not substantiated. Therefore, the request is not medically necessary.