

Case Number:	CM14-0137330		
Date Assigned:	09/05/2014	Date of Injury:	05/11/2012
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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:

This is a 43-year-old male patient who reported an industrial injury on 5/11/2012, over 28 months ago, attributed to the performance of his customary job tasks. The patient was noted to have undergone an arthroscopic surgical intervention to the left knee on 4/1/2014. The patient was noted to have an improving left knee but there was continued right knee and low back pain. The objective findings on examination included antalgic gait; well-heeled portal scars bilateral knees; positive patellofemoral compression signs bilaterally; able to fully extend the left knee and flex to 125. The patient was recommended to continue postoperative rehabilitation PT and pain management. The patient was prescribed Anaprox 550 mg #90; Prilosec 20 mg #90; Ultram ER 150 mg #60; Elavil 25 mg #60; Norco 2.5/325 mg #60 and baclofen cream 60 g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routinely for prophylaxis with Naproxen. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs-Naproxen. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Omeprazole 20 mg #90. There is no documented functional improvement with the prescribed Omeprazole. Therefore the request is not medically necessary.

Baclofen cream #60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain; muscle relaxants; cyclobenzaprine; Chronic pain chapter 2008 page 128; muscle relaxant American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Decision rationale: The patient has been prescribed a topical muscle relaxer as a topical cream for the course of treatment for the chronic back pain and postoperative knee pain. The patient is prescribed Baclofen topical cream on a daily basis without objective evidence to support medical necessity in addition to oral medications prescribed. The use of the Baclofen for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Baclofen cream is not recommended by the CA MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic lower back pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. The CA MTUS does recommend Baclofen for the treatment of myofascial pain as a centrally acting adrenergic agonist approved

for spasticity but unlabeled use for back pain. There is no peer-reviewed objective evidence to support the use of topical Baclofen. The treating physician has not provided any objective evidence to override the recommendations of the CA MTUS. The prescription for the topical muscle relaxant Baclofen cream is not demonstrated to be medically necessary for the postoperative knee pain or the treatment of lower back pain as opposed to the available OTC topical analgesic creams. Therefore the request is not medically necessary. The CA MTUS does recommend Baclofen for the treatment of myofascial pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled use for back pain. There is no peer-reviewed objective evidence to support the use of topical baclofen. The treating physician has not provided any objective evidence to override the recommendations of the CA MTUS. The prescription for the topical muscle relaxant baclofen cream is not demonstrated to be medically necessary for the postoperative knee pain or the treatment of lower back pain as opposed to the available OTC topical analgesic creams.