

Case Number:	CM14-0150187		
Date Assigned:	09/18/2014	Date of Injury:	06/24/2013
Decision Date:	12/04/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 Emergency Medicine is Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 32-year-old male who reported injuries after a heavy load from a forklift fell on him and pinned him against a fence on 06/24/2013. On 06/13/2014, his diagnoses included thoracic spine sprain/strain and lumbar spine disc protrusion with NFN. His complaints included thoracic and lumbar pain rated at 7/10 radiating into his hips and buttocks. His pain was reduced with his medications. His treatment plan included a referral to general orthopedic and prescriptions for Methoderm gel, Cyclobenzaprine 10 mg, Naproxen 550 mg, and Omeprazole 20 mg. His active range of motion was decreased due to pain. There was no rationale or Request for Authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Initial Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for orthopedic initial consultation is not medically necessary. The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as

the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. The need for an orthopedic consultation was not clearly demonstrated in the submitted documentation. Additionally, the body part or parts to have been examined were not specified in the request. Therefore, this request for orthopedic initial consultation is not medically necessary.

Menthoderm (Methyl Salicylate) 15% Menthol 10% gel: Upheld

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

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

Decision rationale: The request for Mentoderm (methyl salicylate) 15% menthol 10% gel is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Methyl salicylate has not been evaluated by the FDA for topical use in humans. Additionally, the body part or parts to have been treated were not specified in the request. Furthermore, there was no quantity or frequency of application included in the request. Therefore, this request for Mentoderm (methyl salicylate) 15% menthol 10% gel is not medically necessary.

Cyclobenzaprine 10 mg QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for cyclobenzaprine 10 mg quantity 90 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that the injured worker has been using cyclobenzaprine since 06/03/2014. This exceeds the recommendations in the guidelines.

Additionally, there was no frequency of administration specified in the request. Therefore, this request for cyclobenzaprine 10 mg quantity 90 is not medically necessary.

Naproxen 550 mg QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute, LLC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Naproxen 550 mg quantity 60 is not medically necessary. The California MTUS Guidelines recommend that NSAIDs be used at the lowest possible dose for the shortest period of time in injured workers with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Naproxen is recommended to treat osteoarthritis or ankylosing spondylosis. There is no indication from the submitted documentation that the injured worker had either of these 2 diagnoses. Additionally, there was no frequency of administration included with this request. Therefore, this request for Naproxen 550 mg quantity 60 is not medically necessary.

Omeprazole 20 mg QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms and cardiovascular risk Page(s): 68-.

Decision rationale: The request for Omeprazole 20 mg quantity 30 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Omeprazole, may be recommended but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if the injured worker is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Omeprazole 20 mg quantity 30 is not medically necessary.

Message Therapy (12-sessions to include Infrared massage, myofascial release, iontophoresis electro stimulation and dexamethasone sodium phosphate 4mg/ml): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The request for massage therapy 12 sessions to include Infrared massage, myofascial release, iontophoresis electro stimulation and dexamethasone sodium phosphate 4 mg/mL is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatments including exercise, and should be limited to 4 to 6 visits. Lack of long term benefits could be due to the short treatment period or that it does not address the underlying causes of pain. The requested 12 sessions exceeds the recommendations in the guidelines. Therefore, this request for massage therapy 12 sessions to include Infrared massage, myofascial release, iontophoresis electro stimulation and dexamethasone sodium phosphate 4 mg/mL is not medically necessary.