

<b>Case Number:</b>	CM14-0150665		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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:

This injured worker is a 39 year old man who sustained a work related injury on 6/28/13, sustaining multiple musculoskeletal injuries. On 6/30/14, the injured worker was seen by the physician and was complaining of pain in the cervical and lumbar spine, bilateral knees, bilateral wrists, left shoulder and left ankle. On exam, there was diffuse tenderness. Multiple medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Container of Methoderm Gel 360 Grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** The use of topical medications is not supported by the clinical guidelines. We note, Methoderm is a topical analgesic that contains methyl salicylate, and menthol. According to the package insert it is indicated to temporarily relieve the minor aches and pains of muscles and joints associated with single backache, arthritis, strains, bruises and sprains. The California Medical Treatment Utilization Schedule (MTUS) states that topical analgesics are

"Largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California Medical Treatment Utilization Schedule (MTUS) does recommend methyl salicylate, stating, "Topical salicylate (e.g., BenGay, methyl salicylate) is significantly better than placebo in chronic pain." The Official Disability Guidelines (ODG) continues regarding methyl salicylate to state, "This review found evidence that was limited by the quality, validity, and size of the available studies." Therefore, noting that the Methoderm is being used for chronic pain, and by the foregoing guidelines, noting the use of components that are not recommended, the request for Methoderm is not medically necessary.

### **30 Capsules of Omeprazole 20 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** The use of omeprazole is not supported. The available clinical data in this case does not indicate that this injured worker is at increased risk for gastrointestinal (GI) problems. There is no indication that the injured worker suffers from gastroesophageal reflux disease (GERD) of any other gastrointestinal problems. Given this, there is no indication for the use of omeprazole. Therefore, this request is not medically necessary.

### **90 Tablets of Cyclobenzaprine 5 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Muscle relaxants are not intended for long term use. There is no data to support that the injured worker is deriving any benefit from the use of the Flexeril. Given this, the continued use of the Flexeril is not medically warranted and is not supported by the clinical guidelines, which indicate that chronic use is not supported. The requested service is not medically necessary.

### **90 tablets of Hydrocodone/APAP 2.5/325 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**Decision rationale:** The request for the Hydrocodone is not supported. From the Medical Treatment Utilization Schedule (MTUS) we note, "The criteria for use of opioids section states, "4) On-Going Management, the 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors), (e) Use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control, (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion), (g) Continuing review of overall situation with regard to non-opioid means of pain control." The available data provided does not support continued use of the hydrocodone/ acetaminophen (APAP). The data does not indicate that the injured worker is having improvement with pain, with decrease in pain scores or any documented objective increase in functional status. Given this, the request for this medication is not supported and is not seen as medically necessary.