

Case Number:	CM14-0152251		
Date Assigned:	09/22/2014	Date of Injury:	01/27/2011
Decision Date:	12/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

Patient is a 50 year-old male with date of injury 01/27/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/06/2014, lists subjective complaints as pain in the neck and low back with radicular pain to all extremities. PR-2 provided for review was handwritten and illegible. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and decreased range of motion. No other physical examination findings were documented. Diagnosis: 1. cervical degenerative disc disease and cervical radiculopathy 2. Lumbar degenerative disc disease 3. Myofascial pain 4. Change in sexual function 5. Lumbar radiculopathy 6. Shoulder strain/sprain 7. Headache. Original reviewer modified the request for Tramadol to exclude any refills. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. With the exception of the Menthoderm which was first prescribed on 06/10/2014. Medications: 1. Menthoderm x22. Cyclobenzaprine 7.5mg, #30 SIG: 1 po qhs3. Tramadol 37.5/325, #90 SIG: one q daily4. Omeprazole 20mg, #60 SIG: one po bid

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm x2: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methoderm is not supported by the Guides. Methoderm x2 is not medically necessary.

Cyclobenzaprine #30 7.5mg 2 refills: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for at least 4 months, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine #30 7.5mg 2 refills are not medically necessary.

Tramadol 37.5/325mg #90 2 refills: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of tramadol. Tramadol 37.5/325mg #90 2 refills is not medically necessary.

Omeprazole 20mg #60 date of request 8/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Omeprazole 20mg #60 date of request 8/6/14 is not medically necessary.