

Case Number:	CM14-0152395		
Date Assigned:	09/22/2014	Date of Injury:	01/01/2006
Decision Date:	11/24/2014	UR Denial Date:	09/02/2014
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:

The injured worker is a 41 year old male assistant operator who was injured at work on 1 Jan. 2006 when he lifted a heavy object. He had a separate work-related injury to his ankle on 11 Dec. 2010. The injuries from 2006 caused: lumbosacral strain, lumbosacral disc injury with bilateral S1 radiculopathy and myofascial pain syndrome. Co-morbid conditions include hypertension, mild hearing loss. Presently he has 4/10 pain in his lower back with radiation into his legs. His most recent exam of his back showed no deformity but tender to palpation from L3 to S1 and decreased range of motion for extension, left lateral flexion and rotation. He had no sensation in the left second toe and walked with an antalgic gait. Lumbosacral spine x-rays 2 Sep. 2014 showed mild degenerative changes. He was treated with ice, physical therapy, lumbar epidural steroid injection, TENS (not helpful), and medications (Norco, Ibuprofen, Naprosyn, Omeprazole, Cyclobenzaprine at bedtime). There is no documentation in the records available for review of the effectiveness of any of the medications. Present medications include Norco, Flexeril, Ibuprofen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20mg #60 on 8/18/14: Overturned

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 Part 2
Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastro-esophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory medications (NSAIDs) but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address this issue either. Since this patient is on chronic opioid medication and chronic NSAID medication the potential for developing dyspepsia is significant. It follows that use of Omeprazole in this patient is appropriate.

Retrospective request for Mentoderm 120ml on 8/18/14: 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 Part 2
Page(s): 105, 111-113.

Decision rationale: Mentoderm is a topically used, compounded product made up of two substances, menthol and methyl salicylate. It works by temporarily relieving minor aches and pain of muscles and joints (e.g., from arthritis, backache, sprains). Methyl salicylate is a non-steroidal anti-inflammatory medication (NSAID). Menthol is a topical analgesic medication with local anesthetic and counterirritant qualities. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS recommends use of methyl salicylate for some inflammatory conditions that cause chronic pain but does not recommend it used for radicular pain. This patient has radicular pain; therefore, it is not recommended this product be used. The request is not medically necessary.

Retrospective request for Naproxen 550mg #60 on 8/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Part 2 Page(s): 67-69.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should

be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. The request is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #60 on 8/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Part 2 Page(s): 41-42, 63.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on Cyclobenzaprine therapy for over 2 weeks. Since there is no documented effect from this medication that would suggest chronic use and the patient is already taking a NSAID there is no indication to continue use of this medication. The request is not medically necessary.