

Case Number:	CM14-0157374		
Date Assigned:	09/30/2014	Date of Injury:	03/30/2009
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 New Jersey and New York. 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 69 year-old male who was injured through cumulative trauma on 3/30/09. The patient complained of lower back and bilateral shoulder pain. On exam, he had cervical, thoracic, and lumbar paraspinal tenderness, tender left and right shoulder with decreased range of motion of left shoulder. He was diagnosed with left shoulder sprain, torn right supraspinatus, multiple disc bulges, and multilevel discogenic symptoms. The patient has had left shoulder MRIs showing a supraspinatus tear right shoulder MRI, cervical and lumbar MRI, electrodiagnostic testing of the upper and lower extremities without documentation of results. He had right shoulder surgery. His treatment included physical therapy and chiropractic treatment for the lower back, right shoulder injection and surgery, lumbar epidural steroid injection, and bilateral shoulder extracorporeal shock wave therapy. His medications have included hydrocodone, and he now being prescribed cyclobenzaprine, omeprazole, naproxen, and topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm (Methyl Salicylate 15%, Menthol 1%) 360 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, salicylates, topical Page(s): 111-113, 104.

Decision rationale: According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's spine and shoulder complaints. Topical analgesics are often used for neuropathic pain that the patient does not appear to have in this limited chart. Therefore, the request for Mentherm (Methyl Salicylate 15%, Menthol 1%) 360 grams is not medically necessary and appropriate.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <PPI's>, NSAIDS, GI symptoms

Decision rationale: The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a PPI. The patient was not on long-term NSAIDS. PPI's carry many adverse effects and should be used for the shortest course possible when there is a recognized indication. Therefore, the request for Omeprazole is not medically necessary.

Cyclobenzaprine 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: There is no documentation of muscle spasms that require an antispasmodic. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient was previously on hydrocodone but it is unclear if he still taking it. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. It appears, from the limited documentation, that the prescription was for the treatment of his chronic pain. Therefore, the request for Cyclobenzaprine 5mg is not medically necessary and appropriate.