

<b>Case Number:</b>	CM14-0158427		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

This is a 34-year-old female with a 4/30/12 date of injury, when she slipped and fell. The QME report dated 5/24/14 indicated that the patient was utilizing Advil, Cyclobenzaprine, Tramadol, Omeprazole and Naproxen. The patient was seen on 8/18/14 with complaints of 4/10 pain in the cervical, thoracic and lumbar spine and 2/10 pain in the bilateral shoulder. Exam findings revealed tenderness to palpation over the cervical, thoracic and lumbar paraspinal muscles and tenderness over the bilateral shoulder. The range of motion of the shoulders was: flexion 130 degrees and abduction 100 degrees. The diagnosis is cervical/thoracic/lumbar/bilateral shoulder strain and depression. Treatment to date: work restrictions, acupuncture, PT, shockwave therapy and medications. An adverse determination was received on 8/25/14 for a lack of support to use a compound medication; lack of neuropathic pain and lack of GI problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm (Menthyl) Salicylate 15%/Menthol 10% Gel 360gm QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate Topicals Page(s): 111-113 and 10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylates Page(s): 105 and 111-113.

**Decision rationale:** CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. However, there is a lack of rationale with regards to necessity for this specific brand name and the area of application was not specified. Therefore, the request for Methoderm (Methyl) Salicylate 15%/Menthol 10% Gel 360gm QTY: 1 is not medically necessary.

**Cyclobenzaprine 5mg QTY: 9:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However the progress notes indicated that the patient was utilizing Cyclobenzaprine at least from 5/24/14, there is a lack of documentation with subjective and objective functional gains from prior use. In addition, the Guidelines do not recommend long-term treatment with muscle relaxants. Lastly, there is no rationale with regards to the necessity for an extended treatment with Cyclobenzaprine for the patient. Therefore, the request for Cyclobenzaprine 5mg QTY: 9: is not medically necessary.

**Omeprazole 20mg QTY: 30:** Upheld

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

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

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However the progress notes indicated that the patient was utilizing Omeprazole at least from 5/24/14, there is a lack of documentation with subjective and objective functional gains from prior use. In addition, the progress notes did not indicate that the patient suffered from gastric/duodenal

ulcers, GERD or erosive esophagitis. Therefore, the request for Omeprazole 20mg QTY: 30 are not medically necessary.