MAXIMUS Federal Services

Case Number:	CM14-0172030		
Date Assigned:	10/23/2014	Date of Injury:	01/12/2009
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal 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 40-year-old woman with a date of injury of January 12, 2009. The mechanism of injury was not documented in the medical record.Pursuant to the progress note dated June 17, 2014, the injured worker came in for evaluation due to chief complaint of continued pain in the neck, and some numbness in the left arm. On examination, the injured worker had a positive Spurling's test, decreased sensation on the left hand, decreased strength and reflexes of the bilateral upper extremity, and decreased range of motion. The injured worker had positive spasms of the left trapezius. The injured worker had been given a clinical impression and diagnosis of chronic myofascial pain syndrome, repetitive strain injury, cervical strain and left cervical radiculopathy. Current medications documented on the June 17, 2014 note includes: Naprosyn 550mg, Omeprazole 20mg, Flexeril 7.5mg, Neurontin 600mg, and Terocin patch. There is no mention of peptic ulcer disease documented in the medical record. Previous treatments have included acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Flexeril) 7.5mg #90 Refill 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Flexeril

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Flexeril (Fexmid) is not medically necessary. The guidelines state muscle relaxes are recommended for short-term use for acute spasms of the lumbar spine. Their effect was modest however comes with greater adverse effects. Their effect is greatest in the first four days suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2 to 3 weeks. In this case, the injured worker complains of pain in the net with numbness in the left arm. There were spasms in the left easiest muscle. The clinical impression was chronic myofascial pain syndrome, repetitive strain injury, cervical strain and left cervical radiculopathy. According to the medical records, the injured worker has been taking the Flexeril longer than 2 to 3 weeks (starting June 2014). The medication is not indicated for a period longer than 2-3 weeks. Consequently, the Flexeril is not medically necessary. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, Flexeril is not medically necessary.

Menthoderm Gel 120grams Refill 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, the topical analgesic Terocin (Menthoderm Gel 120gms refill 2, Methyl Salicylate and menthol)) is not medically necessary. The guidelines state topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) is not recommended is not recommended. In this case, the ingredient in Menthoderm, Menthol, is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. As a result, Menthoderm is not recommended. Also, the topical analgesics are largely experimental. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Menthoderm is not medically necessary.

Omeprazole 20mg #100 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAIDs, Omeprazole

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #100 refill times one is not medically necessary. The guidelines states Omeprazole (proton pump inhibitors) are indicated if the injured worker is at risk for a gastrointestinal event. This is when taken in association with nonsteroidal anti-inflammatory drugs. The risk factors are age greater than 65, history of peptic ulcer disease, G.I. bleeding or perforation, concurrent use of aspirin, corticosteroids or anticoagulants or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker does not have history of peptic disease for G.I. bleeding or multiple/high dose nonsteroidal anti-inflammatory drug use. There is no indication in the medical documentation for Omeprazole use. Based on the clinical information in the record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg #100 refill times one is not medically necessary.