

Case Number:	CM14-0184021		
Date Assigned:	11/10/2014	Date of Injury:	07/04/2013
Decision Date:	12/18/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 23 years old male patient who sustained an injury on 7/04/2013. The current diagnoses include lumbar radiculitis, lumbar facet arthropathy, lumbar stenosis and depression. He sustained the injury when he was flipped out of canoe and hit the gunnel of canoe and water and rock underneath. Per the doctor's note dated 10/14/14, he had complaints of low back pain with radiation to the bilateral lower extremities with numbness. He has history of hospital admission due to GI bleeding. Physical examination revealed normal gait, severe tenderness to palpation even to light touch of the midline from L4-S1 and positive straight leg raising on the left, decreased lumbar range of motion, diminished light touch and pinprick sensation in the left L5 and S1 dermatomes, 5-/5 strength in left TA. Per the psychological evaluation on 5/13/14, he had major depressive disorder. The medications list includes Lidopro cream, Aspirin, Protonix and Gabapentin. He was prescribed gabapentin, Menthoderm cream, Celebrex and Flexeril. His surgical history includes minor hip surgery. He has had lumbar spine X-rays dated 7/5/13 with normal findings; lumbar MRI dated 12/31/13 which revealed at L5-S1, 3 to 4 mm broad posterior disc extrusion with mild inferior migration mildly effacing the ventral thecal sac, no visualized nerve root compression and the central canal patent, mild facet hypertrophy with mild proximal left neural foraminal narrowing and grade 1 retrolisthesis of L5- S1 and L4-L5; electrodiagnostic study dated 6/19/14 which revealed normal findings; MRI lumbar spine dated 6/27/14 which revealed L5-S1 broad based central protrusion with mild central canal stenosis and mild bilateral foraminal stenosis and L5-S1 mild degenerative disc disease. He has had 10-12 physical therapy visits and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream #1 with 2 refills.: 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 Page(s): 111-113.

Decision rationale: Mentoderm contains camphor/menthol. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Response to antidepressant and anti convulsant is not specified in the records provided. Evidence of lack of response to oral medications is not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Mentoderm cream #1 with 2 refills is not fully established for this patient.

Physical Medicine and rehabilitation consultation.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had chronic low back pain with radiculopathy. He has already tried physical therapy and chiropractic therapy for this injury. He has had lumbar MRI with abnormal findings. The request for Physical Medicine and rehabilitation consultation is medically appropriate and necessary to manage his chronic pain.

Flexeril 7.5mg #30 with 2 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. ...Cyclobenzaprine is more effective than placebo in the management of back pain,.... It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease."According to the records provided patient had complaints of low back pain. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks.Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary.The request for Flexeril 7.5mg #30 with 2 refills is medically appropriate and necessary to use as prn during acute exacerbations.

Gabapentin 600mg #90 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-.

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007)...."Objective evidence of neuropathic pain is not specified in the records provided. Patient had a normal electrodiagnostic study. Response to pain with and without medication is not specified in the records provided.The medical necessity of Gabapentin 600mg #90 with 2 refills is not established for this patient.

Celebrex 200mg #30 with 2 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex Page(s): 22, 30.

Decision rationale: Celebrex contains Celecoxib which is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may

be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months,..... (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen."Per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients.Per the records provided patient had a recent hospital admission due to GI bleeding due to a NSAID-Ketoprofen.The request for Celebrex 200mg #30 with 2 refills is medically necessary and appropriate for this patient with a history of GI bleeding.