

Case Number:	CM14-0185950		
Date Assigned:	11/13/2014	Date of Injury:	01/09/2012
Decision Date:	12/30/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist, elbow, and myofascial pain syndrome reportedly associated with an industrial injury of January 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; muscle relaxants; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 24, 2014, the claims administrator conditionally approved a request for omeprazole as a generic variant of the same, conditionally approved a request for Mentherm gel as an over-the-counter formulation of the same, and denied a request for Fexmid (cyclobenzaprine). The applicant's attorney subsequently appealed. In a progress note dated October 29, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of hand and wrist pain. The applicant was not working, it was acknowledged, as his employer was unable to accommodate restrictions imposed by the treating provider. Persistent complaints of wrist pain and associated tenderness were appreciated. Multiple medications were refilled, including Naprosyn, Prilosec, Flexeril, Neurontin, and Mentherm. The applicant was given a diagnosis of wrist pain and myofascial pain syndrome. An extremely proscriptive 5-pound lifting limitation was endorsed, which the attending provider acknowledged would essentially result in the applicant's removal from the workplace. In an October 15, 2014 appeal letter, the attending provider pointed out that the applicant had developed gastritis-type symptoms when using anti-inflammatory medications without Omeprazole. The applicant reportedly had issues with reflux noted on review of systems, it was acknowledged. The attending provider suggested that the applicant use omeprazole for reflux purposes and suggested that Mentherm was being employed for neuropathic wrist pain. In an earlier note dated October 1, 2014, the applicant was again given a diagnosis of myofascial pain and wrist pain.

Multiple medications including Naprosyn, Prilosec, Flexeril, Neurontin, and Menthoderm were refilled. It was stated that the applicant did have pain and paresthesias. Additional Menthoderm was sought. Work restrictions were again endorsed. It did not appear that the applicant was working with limitations in place. The medications were refilled without much discussion on medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg TID #90: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. Here, the applicant is, in fact, using a variety of agents, including Neurontin, Naprosyn, Menthoderm, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Furthermore, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that cyclobenzaprine be reserved for a "short course of therapy." Here, the 90-tablet supply of Fexmid (cyclobenzaprine) sought implies chronic, long-term, and/or scheduled usage. Such usage, however, is incompatible with page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Omeprazole: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant did report issues with Naprosyn-induced dyspepsia and/or Voltaren-induced dyspepsia, reportedly attenuated following introduction of omeprazole. Continuing the same, on balance, was therefore indicated. Therefore, the request was medically necessary.

Menthoderm gel pm for numbness: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Mentoderm are recommended in the treatment of chronic pain, as was/is present here. This recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is not working with a rather proscriptive 5-pound lifting limitation in place. Ongoing usage of Mentoderm has failed to curtail the applicant's dependence on other medications such as Naprosyn, Neurontin, Flexeril, etc. The attending provider has failed to recount any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Mentoderm usage on any of his handwritten progress notes, referenced above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Mentoderm usage. Therefore, the request was not medically necessary.