

Case Number:	CM14-0197657		
Date Assigned:	12/05/2014	Date of Injury:	04/19/2014
Decision Date:	12/12/2014	UR Denial Date:	10/29/2014
Priority:	Expedited	Application Received:	11/25/2014

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 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 claimant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of April 19, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve requests for Menthoderm Gel, Flexeril, Motrin, and Prilosec. Both the MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS ODG Guidelines were invoked to deny Flexeril. MTUS-adopted ACOEM Guidelines and non-MTUS ODG Guidelines were invoked to deny ibuprofen. Non-MTUS ODG Guidelines were invoked to deny Prilosec and page 111 of the MTUS Chronic Pain Medical Treatment Guidelines was invoked to deny Menthoderm. The claims administrator stated that its decisions were based on progress notes dated October 6, 2014, October 2, 2014, and July 14, 2014. It was not clearly identified whether the medication request was a first time request or renewal request. The applicant's attorney subsequently appealed. In a May 8, 2014 progress note, the applicant reported ongoing complaints of low back pain. Chiropractic manipulative therapy, physical therapy, and lumbar support were endorsed while the applicant was placed off of work, on total temporary disability. In a handwritten note dated October 6, 2014, difficult to follow, not entirely legible, the applicant reported moderate-to-severe low back and mid back pain. Paraspinal muscular tenderness was appreciated. Manipulative therapy, Motrin, Prilosec, and Menthoderm cream were endorsed. It was suggested (but not clearly stated) that these requests represented a continuation request. In an October 2, 2014 manipulative therapy progress note, the applicant was placed off of work, on total temporary disability. It was noted that the applicant has had 20 sessions of physical therapy

to date. Acupuncture was sought. 8/10 pain complaints were noted. In a handwritten note dated September 8, 2014, the applicant again reported ongoing complaints of 8/10 low back pain. The applicant was asked to continue medications including Naprosyn, Flexeril, and Prilosec. There was no explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril - unknown dosage, quantity or frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of the Cyclobenzaprine or Flexeril to other agents was not recommended. Here, the applicant was/is using a variety of other agents, including Motrin, Methoderm, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that page 41 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that use of Cyclobenzaprine should be limited to a "short course of therapy." Here, the request for Flexeril in unknown amounts, doses, and quantities, does not conform to MTUS parameters. Therefore, the request for Flexeril, unknown dosage, quantity or frequency is not medically necessary.

Ibuprofen - unknown dosage, quantity or frequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication page 22 and Functional Restoration Approach to Chronic Pain Manage.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation 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 off of work, on total temporary disability. The applicant remains dependent on various forms of medical treatment, including acupuncture, manipulative therapy, physical therapy, etc. All of the foregoing, taken together, suggests that ongoing usage of Ibuprofen has not affected any lasting benefit or functional improvement as

defined in MTUS 9792.20f. Therefore, the request for Ibuprofen, unknown dosage, quantity or frequency is not medically necessary.

Prilosec - unknown dosage, quantity or frequency: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes in question. Therefore, the request was not medically necessary.

Menthoderm Cream - unknown dosage, quantity or frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111. Decision based on Non-MTUS Citation <http://www.drugs.com/odi/menthoder-cream.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, page 105 and Functional Restoration Approach to Chronic Pain Management, pa.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Menthoder-cream are "recommended" in the chronic pain context present here, this recommendation 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 its choice of recommendations. Here, it appears that the attending provider has renewed Menthoder-cream and many of the other medications in question without any explicit discussion of medication efficacy. There was no mention of any quantifiable decrements in pain achieved as a result of ongoing Menthoder-cream usage. The fact that the applicant remains off of work, on total temporary disability, despite ongoing Menthoder-cream usage, implies lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request for Menthoder-cream, unknown dosage, quantity or frequency is not medically necessary.