

Case Number:	CM14-0020059		
Date Assigned:	04/23/2014	Date of Injury:	11/12/2012
Decision Date:	07/22/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology and is licensed to practice in Texas. 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 39-year-old male injured on 11/12/12 when he fell approximately four feet into a ditch injuring his right shin and low back. Current diagnoses included lumbago, sprains/strains of the neck, thoracic or lumbosacral neuritis/radiculitis, and cervicgia. The injured worker reported continuing neck pain and low back pain, which worsened with walking and standing. The injured worker reported burning, constant pain radiating into legs. Previous treatments included psychotherapy, chiropractic treatment, exercise, acupuncture, and medication management. Clinical note dated 05/08/14 indicated the injured worker presented with complaints of low back pain characterized as aching and sharp, radiating into bilateral lower extremities to the feet rated at 6/10. The injured worker tolerated medications well and showed no evidence of developing medication dependency and current medication regimen adequately managed pain symptoms. The level of sleep for the injured worker decreased and quality of sleep was poor. Current medications included hydrocodone/acetaminophen 2.5-325mg one to two every six hours, Methoderm gel twice a day (BID), pantoprazole 20mg every day(QD), Zolpidem 5mg every day (QD), cyclobenzaprine 7.5mg, Quazepam 15mg. The request for Quazepam 15mg #30, cyclobenzaprine 7.5mg #60, Methoderm gel, and pantoprazole sodium 20mg #60 was initially non-certified on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF QUAZEPAM 15MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the 4-week treatment window. As such, the request for Quazepam 15mg #30 is not medically necessary at this time.

PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of Cyclobenzaprine 7.5mg, #60 is not medically necessary at this time.

PRESCRIPTION OF MENTHODERM GEL: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous

clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore, Mentherm gel cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

PANTOPRAZOLE SODIUM 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Pantoprazole Sodium 20MG, #60 cannot be established as medically necessary.