

<b>Case Number:</b>	CM14-0038245		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas, and Florida. 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 patient is a 33 year old male who was injured on 1/7/2010. The diagnoses are low back pain, lumbar strain and degenerative disc disease of the lumbar spine. A 2010 MRI of the lumbar spine showed multilevel disc herniation. On 3/10/2014, the provider noted subjective complaints of worsening pain. The pain score was 8/10 from a previous 6/10 level on a scale of 0 to 10. The objective findings are normal gait, negative straight leg raising reflex, normal sensory level and normal reflexes in the lower extremities. The medications are naproxen and Ultram for pain, Fexmid for muscle spasm. Protonix for the prevention of nonsteroidal anti-inflammatory drugs (NSAIDs) induced gastritis and topical Menthoderm for pain. A Utilization Review determination was rendered on 3/19/2014 recommending non certification for Fexmid 7.5mg #60, urine drug screening done 3/30/2014, Menthoderm 120ml, Protonix 20mg #40 and Ultram 150mg #60 from date of service 3/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 63-66.

**Decision rationale:** The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasm associated with chronic musculoskeletal pain. It is recommended that the use of muscle relaxants be limited to periods of less than 4 weeks to minimize the risk of dependency, sedation and addiction. Fexmid is sedating muscle relaxants. The records indicate the patient has been utilizing Fexmid for many years. The record did not show objective findings of muscle spasm. The criteria for the use of Fexmid 7.5mg #60 date of service 3/10/2014 was not met. The request for Fexmid 7.5mg #60 is not medically necessary and appropriate.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Indicators and predictors of possible misuse of controlled substances and/or addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-80.

**Decision rationale:** The CA MTUS guidelines recommend that urine drug testing be done at initiation of opioid treatment, randomly at a frequency of 2-4 times a year and for 'cause' or red flag behavior suggestive of abuse or misuse. The records indicate that the patient is utilizing Ultracet, a medication with significantly less addicting and abuse potential than pure opioid agonist. There is no documentation of aberrant behavior or red flags. The criterion for retrospective urine drug testing on 3/10/2014 was not met. Therefore, the request for drug testing is not medically necessary and appropriate.

**Menthoderm Ointment 120 ml #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation [www.physiciansproducts.net](http://www.physiciansproducts.net), Menthoderm. [www.drugs.com](http://www.drugs.com). [www.webmd.com](http://www.webmd.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

**Decision rationale:** The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when trials of NSAIDs, anticonvulsants and antidepressant medications are ineffective, cannot be tolerated or have failed. The record did not indicate that the patient failed first-line medications. Menthoderm gel contains methyl salicylate 15% and menthol 10%. There is no approved indication for the use of menthol or methyl salicylate in the management of chronic neuropathic pain. The criteria for the use of Menthoderm gel prescribed 3/10/2014 was not met. Therefore, the request for Menthoderm ointment 120ml #1 is not medically necessary and appropriate.

**Protonix 20 mg #60: 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), TWC, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71.

**Decision rationale:** The CA MTUS addressed the use of proton pump inhibitors for the prevention and treatment of NSAIDs induced gastrointestinal complications. The risk of gastrointestinal complications is increased in patients who are more than 65 years old and those with a history of peptic ulcer or significant gastrointestinal disease. It is recommended that Protonix be utilized when first-line medications such as omeprazole are no longer effective. The records show that the patient is 33 years old with no history of chronic peptic ulcer disease. The criteria for the use of Protonix 20mg #60 prescribed 3/10/2014 was not met. As such, the request for Protonix 20mg #60 is not medically necessary and appropriate.

**Ultram 150mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96.

**Decision rationale:** The CA MTUS guidelines recommend that opioids can be utilized during periods of exacerbation of chronic pain that did not respond to NSAID, physical therapy and exercise. Opioids can also be utilized for chronic treatment when patient have completed other treatment modalities such as physical therapy, intervention pain procedures, surgeries and non-opioid medications have been completed. The records indicate that the patient had utilized all available non opioid management. The use of Ultram is associated with less addictive and sedative properties that pure opioid analgesics. The criterion for the use of Ultram 150mg prescribed 3/10/2014 was met. Therefore, the request for Ultram 150mg #60 is medically necessary and appropriate.