

Case Number:	CM14-0057582		
Date Assigned:	07/09/2014	Date of Injury:	02/05/2014
Decision Date:	08/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 48-year-old male with a reported injury on 02/05/2014. The mechanism of injury occurred when the injured worker was moving a grass mower into a truck and hurt his back. His diagnosis was lumbar sprain/strain. The injured worker had prior treatments of chiropractic therapy, hot/cold therapy, and a lumbosacral support. The injured worker did have an x-ray that showed it was within normal limits. The injured worker had an examination on 03/26/2014 with complaints of low back pain and occasional pain to the right leg. The examination revealed he had tenderness decreased range of motion of the lumbar spine, spasms to the right lower lumbar spine, strength was 5/5, sensory was within normal limits, and reflexes were within normal limits. The list of medications included Flexeril, Zanaflex, Protonix, Voltaren XR, Norco, Ultram, Zofran, and Menthoderm topical lotion. The recommended plan of treatment was to implement work restrictions and refill medications. The request for authorization was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril (cyclobenzaprine) 7.5mg, twice a day as needed for muscle spasma # 90 dispensed 3/26/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasmodics Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In this case, the injured worker's pain is acute at this point. He had an injury on 02/05/2014. There was no evidence that another line of treatment has been attempted and intolerated. The California MTUS state that in most low back pain cases, they do not show benefit beyond an NSAID in pain and overall improvement. The California MTUS Guidelines do state that Flexeril is associated with a need to treat for 2 to 3 weeks for symptom improvement. There is a lack of documentation indicating the injured worker has significant muscles spasms upon physical examination for which the medication would be indicated. The requesting physician's rationale for the request is was not provided. The physician dispensed Flexeril for 30 days which would exceed the guideline recommendation for duration of treatment. Therefore, the request retrospective Flexeril (Cyclobenzaprine) 7.5 mg, twice a day as needed for muscle spasma # 90 dispensed 3/26/14 is not medically necessary and appropriate.

Retrospective Protonix (Pantoprazole) 20 mg, 1 tablet daily, #60 dispensed 3/26/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the injured worker is not over the age of 65, and he has not complained of any gastrointestinal distress. There is not indication that the injured worker has a history of peptic ulcer, gastrointestinal bleeding or perforation. There is no indication that the injured worker has significant gastrointestinal symptoms upon physical examination. The injured worker was not using aspirin or steroids and he was not on a high or multiple dose of NSAIDs. Therefore, the request for the Protonix 20 mg is not medically necessary and appropriate.

Retrospective Mentoderm patch topical lotion, apply up to twice a day to affected area, 120ml 1 dispensed 3/26/2014: 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 Analgesic,Salicylate topicals Page(s): 111-113,105.

Decision rationale: The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines note topical salicylate is significantly better than placebo in chronic pain. The injured worker reported an injury on 02/05/2014, which would indicate the injured worker was in the acute versus chronic phase of injury at that time. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the submitted request does not indicate the site at which the medication is to be applied. As such, the retrospective request for Mentoderm patch topical lotion, apply up to twice a day to affected area, 120ml 1 dispensed 3/26/2014 is not medically necessary and appropriate.