

Case Number:	CM14-0059986		
Date Assigned:	07/09/2014	Date of Injury:	08/05/2004
Decision Date:	09/03/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/30/2014

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:

This is a 43-year-old female with an 8/5/04 date of injury. The mechanism of injury was not noted. According to a 6/2/14 progress report, the patient complained of constant moderate-to-severe neck pain and low back pain somewhere 7-8, on 0-10 scale; however with the help of medication it was somewhat manageable. The objective findings included tenderness noted on deep palpation of cervical spine; stiffness and tightness on deep palpation at L4-L5 as well as bilateral posterior, superior iliac spine; sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The diagnostic impressions included status post cervical spine surgery, cervical disc disease, lumbar strain, lumbar radiculitis, bilateral shoulder sprain, post surgery headaches, bilateral sacroilitis, anxiety and stress, cervicogenic headaches, adjustment disorder, migraine headaches. The patient's treatment to date includes medication management, activity modification and chiropractic treatment. A UR decision dated 4/21/14 denied the requests for Motrin, Zantac, Lenza patches, and Botox injection. Regarding Motrin, long term use of NSAIDs is associated with certain risk factors and side effects; therefore, without evidence of functional improvement, the continued use of this medication does not appear to be appropriate for this patient at this time. Regarding Zantac, there are no guidelines that recommend the use of Zantac in the absence of complaints or risk factors for upper gastrointestinal problems. Regarding Lenza patches, guidelines do not provide any evidence-based recommendations regarding the topical application of menthol, and the guidelines clearly state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Botox injection, guidelines do not recommend the use of Botulinum toxin in the treatment of tension-type headaches, migraine headaches, chronic neck pain, or myofascial pain syndrome, the use of this treatment does not appear to be appropriate for this patient at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Motrin between 3/31/2014 and 6/1/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. There was no documentation of pain reduction or improved activities of daily living in the reports provided for review. Guidelines do not support the ongoing use of NSAIDs without documentation of functional improvement. Therefore, the request for 60 Motrin was not medically necessary.

60 Zantac between 3/31/2014 and 6/1/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse;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 FDA (Zantac).

Decision rationale: The California MTUS and ODG do not address this issue. The FDA states that Zantac is indicated for the short-term treatment of active duodenal ulcer (endoscopically or radiographically confirmed); maintenance of healing and reduction in recurrence of duodenal ulcer; pathologic GI Hypersecretory Conditions; treatment of Zollinger-Ellison syndrome, multiple endocrine adenomas; short-term treatment of active benign gastric ulcer; gastroesophageal reflux (GERD); short-term treatment of symptomatic GERD; short-term treatment of esophagitis, including erosions or ulcers (endoscopically diagnosed) in patients with GERD; self-medication as initial therapy for less severe symptomatic GERD; short-term self-medication for relief of heartburn symptoms; and short-term self-medication for prevention of heartburn symptoms associated with acid indigestion and sour stomach brought on by ingestion of certain foods and beverages. There is no documentation in the reports reviewed that the patient is suffering from a gastrointestinal condition. In addition, it is noted that Zantac is prescribed for stomach protection due to the patient utilizing chronic NSAID therapy. However,

because the NSAID, Motrin, was denied, there is no necessity for a prophylactic medication. Therefore, the request for 60 Zantac was not medically necessary.

30 LenzaPatch between 3/31/2014 and 6/1/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Menthol; Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation website, <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: The MTUS chronic pain medical treatment guidelines states that topical Lidocaine in the formulation of a dermal patch has been designated for orphan's status by the FDA for neuropathic pain. In addition, California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). There is no documentation that the patient has ever been on a first-line agent. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Therefore, the request for 30 Lenza Patch was not medically necessary.

1 Botox injection between 3/31/2014 and 6/1/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation FDA Botulinum toxin (Botox®; Myobloc®).

Decision rationale: Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. It is noted in a 3/31/14 progress note that the provider is requesting Botox injection for relief of the patient's migraine headaches. However, guidelines do not support Botox injections for that condition. A specific rationale identifying why Botox would be required in this patient despite lack of guideline support was not provided. Therefore, the request for 1 Botox injection was not medically necessary.