

Case Number:	CM14-0060659		
Date Assigned:	07/09/2014	Date of Injury:	11/12/2008
Decision Date:	09/05/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 56 year old patient had a date of injury on 11/12/2008. The mechanism of injury was not noted. In a progress noted dated 4/11/2014, subjective findings included the pain is the same, the medications help. "I am here for medications." She has had no treatment, on a physical exam dated 4/11/2014, objective findings included normal reflex, sensory and power testing to bilateral upper and lower extremities, straight leg raise and bowstring are negative bilaterally. Diagnostic impression shows musculoligamentous sprain/strain on cervical, lumbar spine. It also shows internal derangement, bilateral knees, and left shoulder sprain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 4/21/2014 denied the request for Aprox DS 550 1 bid #90, stating there guidelines support only short-term use, and there was no extenuating circumstances in this case. Fexmid 7.5mg 1tid #60 was denied, stating there was no documentation of maintained increase in function or decrease in pain. Ultram 150 1qd #60 was denied, stating there was no increase or increase in function with this medication. Menthoderm ointment 120ml BID was denied, stating insufficient, large scale, randomized references showing safety and efficacy of the requested topical cream. Protonix 20mg 1bid #60 was denied, stating that there is no evidence of significantly increased risk of gastrointestinal upset/bleed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox-DS (naproxen sodium) 550 mg 90 tablets, 1 tablet twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

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.

Decision rationale: CA 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. In the only progress report available in the reports, dated 4/11/2014, there was no documentation of functional improvements noted with the analgesic regimen. Therefore, the request for Anaprox DS 550 #90 1bid is not medically necessary.

Flexmid (cyclobenzaprine) 7.5 mg 60 tablets, 1 tablet 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the only progress report available in the reports, dated 4/11/2014, there was no documentation of an acute exacerbation of pain that would necessitate fexmid. It is unclear why this medication is being requested. Therefore, the request for Fexmid 7.5mg #60 1tid is not medically necessary.

Ultram (tramadol) HCL ER 150 mg 60 capsules, 1 capsule 1 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatments Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic.

This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In the only progress report available in the reports, dated 4/11/2014, there was no documentation of functional improvements noted with the analgesic regimen. Furthermore, there was no evidence of CURES monitoring, pain contract, or urine drug screens. Therefore, the request for Tramadol ER 150 #60 1qd is not medically necessary.

Menthoderm ointment 120 ml, apply up to twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. It is recommended that the Menthoderm topical be modified to allow for an over-the-counter formulation. In the only progress report available in the reports, dated 4/11/2014, there was no discussion of the medical necessity of menthoderm. Therefore, the request for menthoderm ointment #120, apply bid, is not medically necessary.

Protonix (pantoprazole) 20 mg 60 capsules, 1 capsule twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) page 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In the only progress report available in the reports, dated 4/11/2014, there was no discussion regarding the medical necessity of Protonix. Therefore, the request for Protonix 20mg 1bid #60 is not medically necessary.