

Case Number:	CM14-0086869		
Date Assigned:	07/23/2014	Date of Injury:	10/28/2009
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 59 year old male who was injured on 10/28/2009 after slipping on a step stool. He was diagnosed with low back pain from lumbar disc desiccations and facet arthropathies left foot plantar fasciitis with spur, and depression and anxiety. He was treated with medications, chiropractic visits, nerve root blocks, and a functional restoration program with psychotherapy. His medications consisted of muscle relaxants and nonsteroidal anti-inflammatory drugs (NSAIDs) (with the use of Omeprazole). On 4/8/14, the worker was seen by his treating physician complaining of low back pain with radiation. He reported using ibuprofen periodically as well as the Flexeril periodically and only takes the Omeprazole when he takes the Ibuprofen. Physical examination did not reveal any new significant findings. He was then prescribed more Motrin, Flexeril, and Omeprazole to continue using as needed. He also was given a new prescription for Biofreeze (topical menthol) as a trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Omeprazole 20mg Qty 60 for date of service 04/08/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, gastrointestinal (GI) bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. It is unclear exactly how much and how often the worker in this case uses the Motrin, but reportedly it is periodically depending on his pain level. He also does not seem to have any evidence of gastrointestinal event risk factors. Therefore, the use of a proton pump inhibitor does not seem to be appropriate in this case and is not medically necessary.

Retroactive Flexeril 7.5mg Qty 60 for date of service 04/08/2014: 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 Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The worker in this case seemed to be using this medication only periodically and there did not seem to be any sign of an exacerbation in the worker's symptoms to warrant a refill of this medication at the time of the request. Therefore, the Flexeril is not medically necessary.

Retroactive Biofreeze Qty 2 for date of service 04/08/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape: menthol topical (<http://reference.medscape.com/drug/bengay-cold-therapy-icy-hot-naturals-menthol-topical-999672#0>).

Decision rationale: Biofreeze is a topical analgesic product which contains menthol as the main active ingredient, which is relatively benign medication that is used for analgesia of minor muscle or joint pain. The MTUS does not address specifically topical menthol for the treatment of pain. It does state that topical analgesics in general are experimental, but may be considered. In the case of this worker, the use of any benign agent in order to help minimize the need for other higher risk medications (Motrin, Flexeril) would be at least worth a trial. Topical menthol is medically appropriate for trial and necessary, and may be continued as long as there is

documented evidence of pain-relief and functional improvements with its use. Therefore, the request for a trial prescription of Biofreeze #2 is medically necessary and appropriate.