

Case Number:	CM14-0093731		
Date Assigned:	08/01/2014	Date of Injury:	12/22/2011
Decision Date:	10/01/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation, Pain Medicine, and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 12/22/2011 due to an unknown mechanism. Diagnoses were myofascial pain syndrome, chronic; left knee pain; and status post left knee surgery. Past treatments were not reported. Diagnostic studies included an MRI of the left knee. Surgical history included a left knee surgery. Physical examination on 06/10/2014 revealed complaints of left knee pain with some buckling. Examination of the left knee revealed left knee medial tenderness. The left knee had a positive McMurray's sign. The physical examination note was difficult to read due to illegibility. The progress report was illegible, it was a handwritten progress note. Medications were Gabapentin 600 mg, Omeprazole 20 mg, Naproxen 550 mg and Mentherm gel 120 g. The treatment plan was not reported. Rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 Mg #270 Retro DOS 10/16/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The request for Flexeril 7.5 mg #270 retrospective DOS 10/16/2013 is not medically necessary. The California Medical Treatment Utilization Schedule states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in management of back pain. However, the effect is modest, and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Menthoderm Two Bottles: 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 Analgesics; Topical Salicylates Page(s): 111; 105.

Decision rationale: The request for Menthoderm two bottles is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Urinary Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The request for urinary drug screen is not medically necessary. The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The injured worker did not have any reports of abuse, addiction, or any type of aberrant drug taking behaviors reported. Therefore, the request is not medically necessary.

Neurontin 600 Mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: The request for Neurontin 600 mg #90 is not medically necessary. The California Medical Treatment Guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Prilosec 20 Mg #60: 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 Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule states that clinicians should determine if the patient is at risk for gastrointestinal events, which include an age greater than 65 years, a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent uses of aspirin, corticosteroids, and/or anticoagulants, or using a high dose/multiple NSAIDs. Patients at intermediate risk for gastrointestinal events and known cardiovascular a nonselective NSAID with either a proton pump inhibitor or a COX 2 selective agent are recommended. Long term proton pump inhibitor use of greater than 1 year has been shown to increase the risk of hip fracture. For patients at high risk for gastrointestinal events with no cardiovascular disease, a COX 2 selective agent plus a proton pump inhibitor are recommended, if absolutely necessary. The injured worker had no reports of any type of GI event. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.