

Case Number:	CM14-0016646		
Date Assigned:	04/11/2014	Date of Injury:	02/29/2012
Decision Date:	03/13/2015	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 02/29/2012. She has reported lower back pain and headaches. The diagnoses have included Lumbar radiculopathy, rule out sacroiliitis. Treatment to date has included Chiropractic care for the lower back, H-wave, trigger point injections to the lower cervical and lumbar areas. Further Chiropractic care for the lower back has been requested. Currently, the IW complains of pain in the upper and lower back. Relief from the trigger point injections to the upper and lower back helped temporarily for about 3 days. The headaches persist and she has received Imitrex for headaches. On examination of the lumbar spine, there is noted paravertebral tenderness with spasm. Range of motion is restricted. Straight leg raising test is positive bilaterally, Sensation and motor strength are grossly intact. She is awaiting evaluation by a neurologist and a psychiatrist. On 02/04/2014 Utilization Review non-certified prescriptions for Omeprazole DR 20 mg #30, one tablet daily, noting that California Medical Treatment Utilization Schedule (CA MTUS) chronic pain was cited. Carisoprodol 350 mg #60, one tablet 2x a day was non-certified citing CA MTUS Muscle relaxants. Medrox Pain Relief Ointment to apply 2x daily to affected area was non-certified citing CA MTUS chronic pain pages 105, 112-113. Carisoprodol 350 mg, one tablet 2x a day #30 was non-certified citing CA MTUS Muscle relaxants. On 02/10/2014, the injured worker submitted an application for IMR for review of Omeprazole DR 20 mg #30, Carisoprodol 350 mg #60, Medrox Pain Relief Ointment, Carisoprodol 350 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: The patient presents with pain in the upper and lower back described as shooting. The request is for OMEPRAZOLE DR 20MG, #30. The request for authorization is dated 01/07/14. Patient's The patient presents with pain in the upper and lower back described as shooting. The request is for OMEPRAZOLE DR 20MG, #30. The request for authorization is dated 01/07/14. Patient's range of motion is restricted and straight leg raise test is positive bilaterally. The patient has had trigger point injections and states that it helped temporarily for about three days. The patient has completed the course of chiropractic treatment which she states helped her symptoms mildly. The patient's current medications include Medrox, Omeprazole, Carisoprodol, Hydrocodone and Naproxen. The patient is temporarily totally disabled.Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID.MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."Treater has not provided reason for the request. However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required my guidelines, the request IS NOT medically necessary.

CARISOPRODOL 350MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in the upper and lower back described as shooting. The request is for CARISOPRODOL 350MG, #60. The request for authorization is dated 01/07/14. Patient's range of motion is restricted and straight leg raise test is positive bilaterally. The patient has had trigger point injections and states that it helped temporarily for about three days. The patient has completed the course of chiropractic treatment which she states helped her symptoms mildly. The patient's current medications include Medrox, Omeprazole, Carisoprodol, Hydrocodone and Naproxen. The patient is temporarily totally disabled.MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations

is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated 01/07/14, the treater's reason for the request is "The patient continues to take medication for her pain with improvement." The patient has been prescribed carisoprodol on report dated 10/15/13 and 01/07/14, however, MTUS recommends Carisoprodol only for a short period. Furthermore, the request for a quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

MEDROX PAIN RELIEF OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin/Salicylate Page(s): 111-113, 29, 105.

Decision rationale: The patient presents with pain in the upper and lower back described as shooting. The request is for MEDROX PAIN RELIEF OINTMENT. The request for authorization is dated 01/07/14. Patient's range of motion is restricted and straight leg raise test is positive bilaterally. The patient has had trigger point injections and states that it helped temporarily for about three days. The patient has completed the course of chiropractic treatment which she states helped her symptoms mildly. The patient's current medications include Medrox, Omeprazole, Carisoprodol, Hydrocodone and Naproxen. The patient is temporarily totally disabled. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended at no higher than 0.025% concentration. Methyl salicylate and menthol are recommended under MTUS Salicylate topical section, pg 105 in which Ben-Gay (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Capsaicin, topical (MTUS p29) "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Per progress report dated 01/07/14, the treater's reason for the request is "The patient continues to take medication for her pain with improvement." Per internet search, Medrox ointment typically contains Methy Salicylate, Menthol and Capsaicin 0.0375% combination. Patient's symptoms include upper and lower back pain for which topical NSAIDs are not indicated. Furthermore, this product contains Capsaicin at 0.0375% and MTUS does not recommend concentrations higher than 0.025%. Therefore, the request IS NOT medically necessary.