

Case Number:	CM14-0124775		
Date Assigned:	08/08/2014	Date of Injury:	03/06/2014
Decision Date:	07/09/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/07/2014

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 24 year old male who sustained a work related injury March 6, 2014. According to a doctor's first report of injury, dated March 10, 2014, the injured worker presented with complaints of swelling, pain, and a lump around his belly button, after prying and lifting a rock out of the ground February 1, 2014. He also reported a small amount of rectal bleeding. Diagnosed as an umbilical hernia, he was treated with medication, surgical consultation, and trial of stool softeners. According to a pain physician's office notes, dated July 3, 2014, the injured worker presented with hernia pain, rated 4/10, with medication. Physical examination of the lumbar spine revealed; range of motion is restricted with flexion limited to 40 degrees by pain and extension to 10 degrees by pain, tenderness to palpation of the paravertebral muscles; spinous tenderness L1-L5, straight leg raise is positive, both sides 90 degrees in a sitting position and tenderness over the sacroiliac spine. Diagnoses are documented as thoracic or lumbosacral neuritis or radiculitis, not otherwise specified; umbilical hernia; abdominal pain site not otherwise specified. Treatment plan included request for authorization for a lumbar brace, Methoderm gel, Pantoprazole, and Quazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic page(s): 111-113.

Decision rationale: The patient's date of injury is from 03/06/2014 and he currently complains of hernia pain. The physician is requesting MENTHODERM GEL. The utilization review denied the request on 07/16/2014 stating that menthol has no evidence-based support for use. The RFA was not made available for review. The patient is currently on modified duty. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Medical records show that the patient was prescribed Methoderm Gel prior to 06/05/2014. The patient's diagnosis include: thoracic or lumbosacral neuritis or radiculitis NOS, umbilical hernia, and abdominal pain site NOS. The physician does not discuss which body part this medication is to be used for. None of the reports from 03/10/2014 to 11/28/2014 noted medication efficacy. In this case, the patient does not present with peripheral joint osteoarthritis/tendinitis problems for which topical NSAIDs are indicated. The request is not in accordance with guidelines. Therefore, this request IS NOT medically necessary.

Pantoprazole Sodium DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

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

Decision rationale: The patient's date of injury is from 03/06/2014 and he currently complains of hernia pain. The physician is requesting PANTOPRAZOLE SODIUM DR 20MG. The utilization review denied the request on 07/16/2014 stating that the patient does not present with risk factors and cardiovascular disease to warrant Pantoprazole. The RFA was not made available for review. The patient is currently on modified duty. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. (1) Age is more than 65 years (2) History of peptic ulcers, GI bleeding, or perforations (3) Concurrent use of ASA, corticosteroids, and/or anticoagulant (4) High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Records show that the patient was prescribed Pantoprazole on 05/13/2014. Per the 07/03/2014 report, the patient continues to complain of hernia pain at a rate of 4/10. He states that the medications are helping; however, he

does report constipation. His current medications include Hydrocodone-Acetaminophen, Methoderm Gel, Naproxen Sodium, Pantoprazole Sodium and Quazepam. While that patient is on NSAIDs, the records do not document gastrointestinal events with its use. In this case, MTUS guidelines do not recommend the routine use of PPIs without documentation of gastrointestinal issues. The request IS NOT medically necessary.

Quazepam 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia treatment & Benzodiazepines.

Decision rationale: The patient's date of injury is from 03/06/2014 and he currently complains of hernia pain. The physician is requesting QUAZEPAM 15MG. The utilization review denied the request on 07/16/2014 stating that this drug is not recommended due to rapid tolerance and dependence issues with no improved benefit over other muscle relaxants. The RFA was not made available for review. The patient is currently on modified duty. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. MTUS does not discuss insomnia treatment, therefore ODG guidelines were consulted. ODG-TWC guidelines, Pain chapter online, under "Insomnia treatment" states: Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. The guideline states that the first-line medications for insomnia are the Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) ODG also states Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Records show that the patient was prescribed Quazepam on 06/05/2014. In this same report, the physician has noted poor sleep quality. He is depressed and tends to worry a lot. The patient feels fatigued and complains of reduced energy. The documentation does not show that first-line agents for insomnia treatment were trialed before initiating a benzodiazepine. Furthermore, ODG guidelines regarding benzodiazepines do not recommend treatment for sleep disturbance over 10 days. The prescription does not include a quantity. There is no indication that this medication is being prescribed for short-term use. The request for Quazepam IS NOT medically necessary.

1 Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: The patient's date of injury is from 03/06/2014 and he currently complains of hernia pain. The physician is requesting 1 LUMBAR BRACE. The utilization review denied the request on 07/16/2014 stating that there has been no report of further injury or exacerbation since 03/14/2014. The RFA was not made available for review. The patient is currently on modified duty. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per the 07/03/2014 report, the patient's lumbar range of motion is restricted by pain. There is paravertebral muscle tenderness noted in the lumbar spine. Spinous process tenderness is noted on L1, L2, L3, L4 and L5. MRI of the spine dated 06/19/2014 shows: (1) At L4-L5, 2mm right paracentral to posterolateral disc protrusion with high-intensity zone/annular fissure (2) The neural foramina and central canal are patent throughout the lumbar spine. The physician does not discuss this request. In this case, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.