

Case Number:	CM14-0170548		
Date Assigned:	10/20/2014	Date of Injury:	06/01/2008
Decision Date:	01/26/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Emergency 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:

Patient with reported date of injury on 6/1/2008. No mechanism of injury was documented. Patient has a noted diagnosis of lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain. Medical reports reviewed. Last report available until 8/22/14. No more recent progress note was provided for review. Many of the progress notes provided are hand written and limited by brevity. Patient reports increased low back pain. Pain is 5/10. Objective exam only notes that patient is in discomfort. No medication list was provided but patient appears to be already on all the medications under review. Has had reported prior physical therapy and other conservative modalities. Independent Medical Review is for Cyclobenzaprine 7.5mg #60 with 6refills, Omeprazole 20mg #60 with 6refills, Methoderm #120g with 6 refills and Fenoprofen 400mg #60 with 6 refills. Prior UR on 10/3/14 recommended non-certification. Fenoprofen was partially certified to #60 and Methoderm to #120g with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro, Cyclobenzaprine 7.5mg #60 x 6 refills: 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 (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of refills is excessive and medically inappropriate. Flexeril is not medically necessary.

Retro Omeprazole 20ng #60 x 6 refills: Upheld

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

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Fenoprofen which is not recommended in this review. There is no documentation of dyspepsia or increased risk of GI bleed. Since patient has no indication for PPI and NSAID is not recommended. The number of refills is excessive and medically inappropriate. Prilosec/Omeprazole is not medically necessary.

Retro Methoderm 120mg #1 x 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Methoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist, knees etc. Pt has chronic pains especially in the back with no documented improvement. MTUS recommends short term (4-12 weeks) while the patient has reportedly been using this for much longer time period. The number of refills is excessive and medically inappropriate. The long term continued use of Methoderm is not medically necessary.

Retro Fenoprofen 400mg #60 x 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Fenoprofen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to medication and appropriate monitoring of side effects. The number of refills requested is medically inappropriate. Fenoprofen is not medically necessary.