

<b>Case Number:</b>	CM14-0212303		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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 53 year old male who sustained an industrial injury on 11/03/2008. He complains of low back pain. Diagnoses include myofascial pain syndrome, bilateral knee pain, lumbar radiculopathy, and left hip pain. Treatment to date has included medications, physical therapy, and injections. A physician progress note dated 10/29/2014 documents the injured worker has pain in his low back, and left hip/upper buttock pain that is sharp and throbbing. The pain is on a constant basis. He complains of weakness and a limp. X-rays of the hip done on this date reveals moderate to severe left hip osteoarthritic changes with near bone-on-bone articulation superiorly. Marginal osteophyte formation is evident, along with probable subchondral cysts. Treatment requested is for Flexeril 7.5mg #90, Gabapentin 600mg #100, Methoderm gel 120 grams, and Omeprazole 20mg, # 100. On 12/16/2014 Utilization Review non-certified the request for Flexeril 7.5mg #90 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/16/2014 Utilization Review non-certified the request for Gabapentin 600mg #100 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/16/2014 Utilization Review non-certified the request for Methoderm gel 120 grams, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. 12/16/2014 Utilization Review non-certified the request for Omeprazole 20mg, # 100, was denied by physician advisor on 05/27/2014 and dispensed by another physician on 11/17/2014. The documentation does not provide additional information to support the request and therefore, the request remains non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg #100: Overturned**

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

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

**Decision rationale:** The 53 year old patient presents with low back pain and left hip/upper buttock pain that is exacerbated with movement, as per progress report dated 10/29/14. The request is for OMEPRAZOLE 20 mg # 100. There is no RFA for this case, and the patient's date of injury is 11/03/08. The patient also complains of weakness and limp and has a history of arthritis, as per progress report dated 10/29/14. Diagnoses included moderate to severe left hip osteoarthritis and chronic low back pain. Medications included Tizanidine and Gabapentin. The patient has been allowed to work with restrictions but is unable to return to his usual work, as per the same progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, only one progress report dated prior to the UR denial letter has been provided for review along with an appeal letter from the treating physician. The progress report dated 10/29/14 does not discuss the use of Omeprazole. However, in an appeal letter dated 05/30/14, the treater states that the patient suffered from gastrointestinal reflux prior to NSAID use and prolonged use of high dose NSAIDs for pain relief will increase his risk of gastrointestinal bleeding. Given the documentation of "intermediate risk for GI events," the request for Omeprazole is reasonable and IS medically necessary.

### **Flexeril 7.5mg #90: Upheld**

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

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

**Decision rationale:** The 53 year old patient presents with low back pain and left hip/upper buttock pain that is exacerbated with movement, as per progress report dated 10/29/14. The request is for FLEXERIL 7.5 mg # 90. There is no RFA for this case, and the patient's date of injury is 11/03/08. The patient also complains of weakness and limp and has a history of arthritis, as per progress report dated 10/29/14. Diagnoses included moderate to severe left hip

osteoarthritis and chronic low back pain. Medications included Tizanidine and Gabapentin. The patient has been allowed to work with restrictions but is unable to return to his usual work, as per the same progress report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, only one progress report dated prior to the UR denial letter has been provided for review along with an appeal letter from the treating physician. The progress report dated 10/29/14 documents the use of Tizanidine (another muscle relaxant) but there is no indication of Flexeril. It is not clear if the patient has used Flexeril in the past or not. The treater does not discuss the impact of Tizanidine on pain and function. Additionally, MTUS only recommends short-term use of Flexeril. Hence, this request for # 90 is excessive and IS NOT medically necessary.

**Gabapentin 600mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin) Page(s): 18-19.

**Decision rationale:** The 53 year old patient presents with low back pain and left hip/upper buttock pain that is exacerbated with movement, as per progress report dated 10/29/14. The request is for GABAPENTIN 600 mg # 100. There is no RFA for this case, and the patient's date of injury is 11/03/08. The patient also complains of weakness and limp and has a history of arthritis, as per progress report dated 10/29/14. Diagnoses included moderate to severe left hip osteoarthritis and chronic low back pain. Medications included Tizanidine and Gabapentin. The patient has been allowed to work with restrictions but is unable to return to his usual work, as per the same progress report. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, only one progress report dated prior to the UR denial letter has been provided for review along with an appeal letter from the treating physician. The progress report dated 10/29/14 documents the use of Gabapentin. The treater, however, does not document an improvement in function or a reduction in pain due to its use. Additionally, there is no diagnosis of neuropathic pain for which Gabapentin is indicated. Hence, the request IS medically necessary.

**Menthoderm gel 120 grams:** 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 analgesic Page(s): 111-113.

**Decision rationale:** The 53 year old patient presents with low back pain and left hip/upper buttock pain that is exacerbated with movement, as per progress report dated 10/29/14. The request is for MENTHODERM GEL 120 gms. There is no RFA for this case, and the patient's date of injury is 11/03/08. The patient also complains of weakness and limp and has a history of arthritis, as per progress report dated 10/29/14. Diagnoses included moderate to severe left hip osteoarthritis and chronic low back pain. Medications included Tizanidine and Gabapentin. The patient has been allowed to work with restrictions but is unable to return to his usual work, as per the same progress report. Menthoder 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."In this case, only one progress report dated prior to the UR denial letter has been provided for review along with an appeal letter from the treating physician. The progress report dated 10/29/14 does not document the use of Menthoder gel. The treater does not discuss the site of application and efficacy of the gel. The patient has been diagnosed with hip osteoarthritis and low back pain. MTUS guidelines state clearly that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Hence, the request IS NOT medically necessary.