

<b>Case Number:</b>	CM15-0001501		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 7/20/2012. She has reported right upper extremity symptoms. The diagnoses have included low back pain-chronic and recurring, status post right thumb arthroplasty, lumbago and carpal tunnel syndrome. Treatment to date has included injection to the right thumb, right thumb arthroplasty, acupuncture, medication management and physical therapy. The progress note of 11/4/14 documented a work status of full time with restrictions/modifications but also noted that the injured worker was not working. Currently, the injured worker complains of right thumb pain, spasm and numbness and low back pain. Treatment plan included Omeprazole 20 mg-daily, Flexeril 7.5 mg-three times daily, Neurontin 600 mg-three times daily, Mentherm gel #4 as needed and Motrin. Progress notes from July to November 2014 were provided. In July 2014, medications included naprosyn, omeprazole, and neurontin. In September 2014, medications included omeprazole, flexeril, and neurontin. In November 2014, medications included omeprazole, flexeril, neurontin, mentherm, and motrin. The injured worker noted problems with saliva when taking neurontin. Examination showed tenderness at the base of the right thumb with decreased sensation and spasm of the right thumb, and normal range of motion of the right wrist. A PR2 from 12/16/14 was not present in the documentation submitted. On 1/2/2015, Utilization Review non-certified quantity unspecified of Omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg and Mentherm gel #4, noting the lack of medical necessity due to the lack of quantity desired. The MTUS and ODG were cited. The decision was subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, Quantity Unspecified, per 12/16/14 PR 2 QTY: 1.00:** 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, GI symptoms and cardiovascular risk Page(s): p. 68.

**Decision rationale:** Co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been prescribed motrin, a NSAID, and has been prescribed omeprazole for at least four months. There was no documentation of high risk for GI events. No GI signs and symptoms were noted and no abdominal examination was documented. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of indication, and unspecified quantity requested, the request for omeprazole is not medically necessary.

**Flexeril 7.5mg Quantity Unspecified, per 12/16/14 PR 2 QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure, Non-sedating Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): p. 41-42, 63-66.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. An unspecified quantity was prescribed. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Work status is unchanged and office visits have continued at the same frequency. Flexeril has been prescribed for at least two months. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not

recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to request for unspecified quantity of medication, and duration of use in excess of the guidelines, the request for flexeril is not medically necessary.

**Neurontin 600mg Quantity Unspecified, per 12/16/14 PR 2 QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs) Page(s): p. 16-22.

**Decision rationale:** Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. There is no documentation of the presence of neuropathic pain for this injured worker, who has diagnoses of low back pain, thumb pain and carpal tunnel syndrome. Neurontin (gabapentin) has been prescribed for at least four months, with documentation of side effect of problems with saliva. No functional improvement as a result of prescription of neurontin was noted. Work status remains unchanged, and office visits continue at the same frequency. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of an approved indication, lack of demonstration of functional improvement, and unspecified quantity requested, the request for neurontin is not medically necessary.

**Menthoderm Gel per 12/16/14 PR 2 QTY: 4.00: 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 p. 111-113salicylate topical p. 104 Page(s): p. 104, 111-113.

**Decision rationale:** Menthoderm contains methyl salicylate and menthol. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. The documentation submitted did not specify the body part to be treated nor the instructions for use, and a specific indication was not documented. Due to the lack of

indication and lack of specification of body part to be treated and directions for application, the request for menthoderm is not medically necessary.