

Case Number:	CM15-0001780		
Date Assigned:	01/12/2015	Date of Injury:	07/02/2014
Decision Date:	03/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/04/2015

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: California, Indiana, New York
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 23, year old male, who sustained an industrial injury on 7/2/2014 while "lifting a heavy end cap into a bin". He has reported low back pain and pelvic girdle pain. The diagnoses have included lumbar disc displacement WO/myelopathy and lumbosacral neuritis or radiculitis NOS. Treatment to date has included diagnostics, physical therapy, back support, medications and modified duty. Currently, the IW complains of lower back pain. There was lumbar tenderness, spasms and decreased range of motion. According to the utilization review performed on 12/30/2014, the requested Voltaren XR 100mg #60 with one refill valid from 12/20/14 to 3/30/15 was certified. The requested Flexeril 7.5mg #90 with 1 refill; Protonix 20mg #60 with 1 refill and Menthoderm topical gel #2 was non-certified. The Chronic Pain Medical Treatment Guidelines, the CA MTUS 2009 Chronic Pain Treatment Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 with 1 refill: Overturned

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #90 with one refill is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medications may lead to dependence. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; and lumbosacral neuritis or radiculitis, not otherwise specified. Subjectively, the injured worker complained of low back pain but no leg symptoms pursuant to a December 17, 2014 progress note. Objectively, the lumbar spine was tender and the paraspinal muscle groups with decreased range of motion. There was spasm noted. The neurologic evaluation was within normal limits. MRI lumbar spine showed a herniated disc at L5 - S1. Flexeril was first noted in a progress note dated August 13, 2014. Flexeril is a muscle relaxant with an indication for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of an acute exacerbation in chronic low back pain. The injured worker has been taking Flexeril for 6 to 7 months. The documentation is not contain evidence of objective functional improvement as it relates the Flexeril. Consequently, absent clinical documentation to support the ongoing use of Flexeril with objective functional improvement, Flexeril 7.5mg #90 with one refill is not medically necessary.

Protonix 20mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 with one refill is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or steroids; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are Lumbar disc displacement without myelopathy; and lumbosacral neuritis or radiculitis, not otherwise specified. Subjectively, the injured worker complained of low back pain but no leg symptoms pursuant to a December 17, 2014 progress note. Objectively, the lumbar spine was tender and the paraspinal muscle groups with decreased range of motion. There was spasm noted. The neurologic evaluation was within normal limits. MRI lumbar spine showed a herniated disc at L5 - S1. The documentation does not contain comorbid conditions or a past medical history containing risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding,

concurrent aspirin use, etc. Consequently, absent clinical documentation with risk factors provide an indication and/or rationale for proton pump inhibitors, Protonix 20 mg #60 with one refill is not medically necessary.

Methoderm topical gel #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methoderm topical gel #2 is not medically necessary. Methoderm contains menthol and methyl salicylate. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical salicylates are significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies were without significant benefit. In this case, the injured worker's working diagnoses are Lumbar disc displacement without myelopathy; and lumbosacral neuritis or radiculitis, not otherwise specified. Subjectively, the injured worker complained of low back pain but no leg symptoms pursuant to a December 17, 2014 progress note. Objectively, the lumbar spine was tender and the paraspinal muscle groups with decreased range of motion. There was spasm noted. The neurologic evaluation was within normal limits. MRI lumbar spine showed a herniated disc at L5 - S1. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Methyl salicylate in larger studies was without significant benefit, however, topical salicylates were better than placebo. Topical analgesics are recommended for treatment of neuropathic pain after failed first-line treatment of antidepressant and anticonvulsants. There is no documentation in the record of failed first-line treatment. Additionally, there is no documentation of the injured worker's intolerance to these first-line treatments. Consequently, absent clinical documentation supporting the use of Methoderm in the absence of documentation of failed first-line treatment, Methoderm topical gel #2 is not medically necessary.