

Case Number:	CM15-0004231		
Date Assigned:	01/15/2015	Date of Injury:	12/25/2013
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 29-year-old female who reported injury on 12/25/2013. The mechanism of injury was not provided. Prior therapies included a lumbar epidural steroid injection, physical therapy, medications, an MRI, and chiropractic treatment. Additionally, the injured worker underwent electrodiagnostic studies. The surgical history was not provided. The documentation indicated the injured worker had utilized Menthoderm since at least 09/04/2014. The injured worker additionally had utilized Naprosyn 550 mg, omeprazole 20 mg, Flexeril 7.5 mg, and Neurontin since at least 07/2014. The documentation of 11/25/2014 revealed the injured worker had increased pain in the back with increased numbness of the left leg, and some weakness of the left leg. The injured worker indicated she was taking her medications and experiencing relief. The physical examination revealed a positive straight leg raise on the left with decreased sensation in the left foot. There were spasms of the lumbar spine on the left. The diagnoses included myofascial pain syndrome and repetitive strain injury, as well as lumbosacral radiculopathy. The treatment plan included gabapentin 600 mg, Fexmid 7.5 mg, omeprazole 20 mg, and Menthoderm gel as well as diclofenac sodium ER. There was no Request for Authorization submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 240 Gram #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.Topical Salicylates. Page(s): 111,105.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 2 tubes of Mentoderm gel. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Mentoderm Gel 240 Gram #2 is not medically necessary.

Fexmid 7.5 MG #270: Upheld

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.

Decision rationale: muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. Additionally, there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Fexmid 7.5 mg #270 is not medically necessary.

Omeprazole 20 MG #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker was utilizing the medication since at least 07/2014. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #200 is not medically necessary.