

Case Number:	CM15-0144290		
Date Assigned:	08/07/2015	Date of Injury:	12/21/2013
Decision Date:	09/29/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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: 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 35-year-old male, with a reported date of injury of 12-21-2013. The mechanism of injury was a slip and fall. The injured worker's symptoms at the time of the injury included upper back and low back pain. The diagnoses include iliolumbar strain, lumbosacral strain, myofascial strain, lumbosacral disc desiccation, and degenerative disc disease. Treatments and evaluation to date have included oral medications and topical pain medication. The diagnostic studies to date have included an MRI of the lumbar spine on 04-07-2014 which showed mid degenerative disc changes from L2-3 through L4-5 with mild facet hypertrophy of the mid to lower lumbar spine. The medical report dated 07-09-2015 indicates that the injured worker reported that nothing had changed. There was documentation that the injured worker was having more pain across the mid-thoracic spine to the shoulders, and ongoing low back pain and some flank pain. The objective findings include no acute distress, diffuse tenderness about the back, and normal back curvature. It was noted that an assessment of adverse effects were addressed and tolerated. There was no evidence of aberrant behaviors. The treating physician noted that the injured worker was benefitting from opiate therapy. There was no translator available for the office visit, so the treating physician's medical assistance translated. It was noted that the injured worker was working part-time. The injured worker had an opiate agreement in place; he as undergoing random urine drug screenings; and aberrant behavior, functional improvement, pain relief, and adverse effects were evaluated. The treating physician requested Mentholatum gel 240 grams, Amrix 15mg #30, Celebrex 200mg #60 times three, Ultracet 37.5-325mg #120, a trial of spinal Q vest, and translator with visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Amrix (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. The injured worker has been taking Amrix since at least 03-18- 2015. Physician report fails to demonstrate clinical findings of muscle spasm and there is lack of evidence of acute exacerbation or objective documentation of significant improvement in the injured worker's pain or functional status to support ongoing use of Amrix. The request for Amrix 15mg #30 is not medically necessary per MTUS guidelines.

Ultracet 37.5-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, specific drug list.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Ultracet is a combination of Acetaminophen and Tramadol. Physician report fails to demonstrate objective documentation of significant improvement in pain or level of function, to justify the ongoing use of Ultracet. With MTUS guidelines not being met, the request for Ultracet 37.5-325mg #120 is not medically necessary.

Celebrex 200mg #60 times three: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Anti-inflammatories.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 30 and 67-68.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation fails to show that the injured worker has a history of significant gastrointestinal events to justify the use of Celebrex. Being that MTUS guidelines have not been met, the request for Celebrex 200mg #60 times three is not medically necessary.

Mentholatum gel 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Mentholatum gel is a combination of menthol and methyl salicylate. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Menthol Crystals is not medically necessary by MTUS.

Translator with visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA LABOR CODE SECTION 4600-4614.1.

Decision rationale: According to Labor Code 4600, Medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Such services may

include nursing, medications, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services. Documentation fails to demonstrate that the service under review serves a medical need. The request for Translator with visit is not medically necessary by guidelines.

Trial of Spinal Q Vest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0009.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Initial Care, pg 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports and Other Medical Treatment Guidelines http://www.mbracedirect.com/spinal_q_rehab_jacket.php.

Decision rationale: ODG and MTUS state that the use of Lumbar supports to treat low back pain has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per guidelines, lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. Long-term use of lumbar supports is not recommended. The Spinal Q vest is a full upper body garment with elastic straps listed as being designed to improve posture, reduce pain and increase range of motion in the shoulder and spine, expediting rehabilitation of the shoulder and decreasing Kyphosis of the Spine. Chart documentation shows the injured worker complains of chronic back pain and there is no report of acute exacerbation of symptoms to justify the use of a lumbar or shoulder support. The request for Trial of Spinal Q Vest is not medically necessary.