

Case Number:	CM15-0161818		
Date Assigned:	08/27/2015	Date of Injury:	12/26/2014
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male who sustained an industrial injury on 12-26-14. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having lumbosacral radiculopathy, lumbar spine strain, and myofascial pain syndrome. Currently, the injured worker reported pain in the lumbar spine. Previous treatments included home exercise program, non-steroidal anti-inflammatory drugs, muscle relaxant, ice application, and psychiatric consultation. Previous diagnostic studies included nerve conduction studies (7-7-15) revealing no electrodiagnostic evidence of left and right L5 radiculopathy. Work status was noted as working with modified duties. The injured workers pain level was not noted. Physical examination was notable for decreased range of motion of back by 10% in all planes. The plan of care was for Methoderm gel quantity of 2, Omeprazole 20 milligrams one tablet orally every day, Flexeril 7.5 milligrams 1 tablet orally three times daily for muscle spasms and a urine screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guide, Pain (chronic), Compound creams; Salicylate topicals, Topical analgesics.

Decision rationale: The request is for Mentherm gel quantity of 2 which the UR modified to an over the counter topical salicylate with the same ingredient with that of Mentherm. Currently, the injured worker reported pain in the lumbar spine. CA MTUS states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Additionally, Official Disability Guide states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." Official Disability Guide recommends topical analgesics as an option, but further states they are "primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed." Provider documentation does not show a failure of antidepressants or anticonvulsants. As such, the request for Mentherm gel quantity of 2 is not medically necessary.

Omeprazole 20mg one tablet po QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guide/ Proton Pump Inhibitor, Pain (Chronic) Chapter.

Decision rationale: The request is for Omeprazole 20 milligrams one tablet orally every day. Currently, the injured worker reported pain in the lumbar spine. CA MTUS recommendations state that long term use of proton pump inhibitors have been shown to increase the risk of hip fractures. Official Disability Guide recommends proton pump inhibitor for patients at risk for gastrointestinal events. "In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all." Provider documentation is without mention of gastrointestinal events. Upon physical examination there was no documentation of gastrointestinal events, or indication for the prescribing of Omeprazole. As such, the request for Omeprazole 20 milligrams one tablet orally every day is not medically necessary.

Flexeril 7.5mg 1 tablet p.o. TID for muscle spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for Flexeril 7.5 milligrams 1 tablet orally three times daily for muscle spasms. Currently, the injured worker reported pain in the lumbar spine. CA MTUS recommendations state Cyclobenzaprine (Flexeril) is to be used as an option, using a short course of therapy further stating that "The addition of cyclobenzaprine to other agents is not recommended." CA MTUS recommends "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Documentation does not give evidence the clear efficacy of this medication for injured workers pain. Provider documentation dated January of 2015 notes a prescription of Flexeril. Standards of care indicate medications within the drug class of antispasmodic/muscle relaxants are to be utilized for a short course of therapy. As such, the request for Flexeril 7.5 milligrams 1 tablet orally three times daily for muscle spasms is not medically necessary.

Urine screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The request is for a urine screen. Currently, the injured worker reported pain in the lumbar spine. CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. Documentation shows a urine drug screen was performed 6-3-15. Provider documentation does not note red flags or indicate why another urine drug screen within this time period is necessary. As such, the request for a urine screen is not medically necessary.