

<b>Case Number:</b>	CM15-0164118		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/30/1998
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 56 year old male, who sustained an industrial injury on 06-30-1998. On provider visit dated 07-21-2015 the injured worker has reported chronic pain. Neck was noted as having radiating pain to bilateral upper extremity with tingling and aching. On examination, the right knee was noted to have erythema, swelling and warmth. Gait was noted as antalgic and ambulated with the assist of a cane. The diagnoses have included chronic pain, degeneration of lumbosacral intervertebral disc, degenerative of cervical intervertebral disc, knee pain, and shoulder joint pain. Treatment to date has included medication and knee brace. The provider requested Lansoprazole cap, Metaxalone tab and Pennsaid Sol 2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole Cap 30mg DR QTY: 60 for 30-Day Supply with 5 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lansoprazole (Prevacid) capsules 30 mg #60, 30-day supply with five refills is not medically necessary. Lansoprazole 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 corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration lumbosacral intervertebral disc; degeneration cervical intervertebral disc; knee pain; and shoulder joint pain. The date of injury is June 30, 1998. Request for authorization is July 23, 2015. According to a January 12, 2015 progress note, the treating provider prescribed Lansoprazole. The start date is not specified. According to a March 17, 2015 progress note, Pennsaid topical was prescribed. Start date is not specified. According to an April 21, 2015 progress note, Metaxalone (Skelaxin) was first prescribed. The start date is not specified. According to a progress note dated July 21, 2015, subjectively the injured worker complains of knee pain and neck pain. Medications have been denied so the injured worker symptoms have increased. The injured worker complains of muscle and joint arthralgias. There are no gastrointestinal comorbid conditions documented in the medical record. There is no history of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Additionally, there is no clinical indication for five refills. Based on clinical information and medical record, peer-reviewed evidence-based guidelines and no documentation with comorbid conditions for risk factors for GI events, Lansoprazole (Prevacid) capsules 30 mg #60, 30-day supply with five refills is not medically necessary.

**Metaxalone Tab 800mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Metaxalone 800 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration lumbosacral intervertebral disc; degeneration cervical intervertebral disc; knee pain; and shoulder joint pain. The date of injury is June 30, 1998. Request for authorization is July 23, 2015. The injured worker's working diagnoses are chronic pain syndrome; degeneration lumbosacral intervertebral

disc; degeneration cervical intervertebral disc; knee pain; and shoulder joint pain. The date of injury is June 30, 1998. Request for authorization is July 23, 2015. According to a January 12, 2015 progress note, the treating provider prescribed Lansoprazole. The start date is not specified. According to a March 17, 2015 progress note, Pennsaid topical was prescribed. Start date is not specified. According to an April 21, 2015 progress note, Metaxolone (Skelaxin) was first prescribed. The start date is not specified. According to a progress note dated July 21, 2015, subjectively the injured worker complains of knee pain and neck pain. Medications have been denied so the injured worker symptoms have increased. The injured worker complains of muscle and joint arthralgias. The documentation indicates the injured worker has been using Skelaxin in excess of four months. The guidelines recommend treatment for less than two weeks. Additionally, there is no documentation of acute low back pain and its exacerbation of chronic low back pain. Based on clinical information medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of the recommended guidelines for short-term (less than two weeks) by continuing Metaxalone in excess of four months and no documentation of acute low back pain or acute exacerbation of low back pain, Metaxalone 800 mg #90 is not medically necessary.

**Pennsaid Sol 2% QTY: 1 for 30-Day Supply for 2 Refills: 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid 2% solution quantity #1, 30-day supply with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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. Pennsaid (Diclofenac topical solution) is FDA approved for osteoarthritis of the knee. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration lumbosacral intervertebral disc; degeneration cervical intervertebral disc; knee pain; and shoulder joint pain. The date of injury is June 30, 1998. Request for authorization is July 23, 2015. The injured worker's working diagnoses are chronic pain syndrome; degeneration lumbosacral intervertebral disc; degeneration cervical intervertebral disc; knee pain; and shoulder joint pain. The date of injury is June 30, 1998. Request for authorization is July 23, 2015. According to a January 12, 2015 progress note, the treating provider prescribed Lansoprazole. The start date is not specified. According to a March 17, 2015 progress note, Pennsaid topical was prescribed. Start date is not specified. According to an April 21, 2015 progress note, Metaxolone (Skelaxin) was first prescribed. The start date is not specified. According to a progress note dated July 21, 2015, subjectively the injured worker complains of knee pain and neck pain. Medications have been denied so the injured worker symptoms have increased. The injured worker complains of muscle and joint arthralgias. Pennsaid (Diclofenac topical solution) is FDA approved for osteoarthritis of

the knee. There is no documentation of osteoarthritis of the knee. There are no graphs demonstrating osteoarthritis of the knee. As a result, there is no clinical indication or rationale for Diclofenac topical solution. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of osteoarthritis of the knee and no indication or rationale for the solution, Pennsaid 2% solution quantity #1, 30-day supply with two refills is not medically necessary.