

Case Number:	CM15-0182756		
Date Assigned:	09/23/2015	Date of Injury:	02/27/2015
Decision Date:	11/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 64 year old male, who sustained an industrial injury on 2-27-2015. The injured worker was diagnosed as having chronic myofascial pain syndrome, chronic lumbar strain, chronic right rotator cuff syndrome, GERD and chronic right lumbosacral radiculopathy. Treatment and diagnostics to date has included diagnostics, work modification and medications. Currently (8-07-2015), the injured worker complains of continued pain in the lumbar spine with some numbness of the right foot, and some pain in the right shoulder. Pain was previously noted as 5/10 on a scale of 0 to 10. Exam noted positive right straight leg raise, decreased strength and sensation to the right foot, decreased right ankle reflex, positive right shoulder impingement, and decreased right shoulder strength. Condition was noted to have worsened. Work status remained modified. Current medications regimen was listed as naproxen, omeprazole, Neurontin, Flexeril and topical Methoderm. Complaints and examination were similar to the progress report of 6-01-2015, at which time medication recommendations were noted for Naprosyn, Omeprazole, Flexeril, and Neurontin. Per the Request for Authorization dated 8-07-2015, the treatment plan included the use of Naproxen (550mg twice daily), Omeprazole (20mg daily), Methoderm #2, Neurontin (600mg three times daily), and Flexeril (7.5mg three times daily), non-certified by Utilization Review on 8-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Overturned

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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal or gastrointestinal complications. The records indicate that the patient is utilizing omeprazole for the treatment of NSAIDs related gastrointestinal symptoms and GERD. The patient reported that the naproxen was effective. There is documentation of function restoration. The criteria for the use of naproxen 500mg twice a day was met. Therefore, the request is medically necessary.

Omeprazole: Overturned

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): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs associated gastrointestinal disease in the elderly and those with a history of significant gastric disease. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal or gastrointestinal complications. The records indicate that the patient is utilizing omeprazole for the treatment of NSAIDs related gastrointestinal symptoms and GERD. The patient reported that the naproxen was effective. There is documentation of function restoration. The criteria for the use of omeprazole 20mg was met. Therefore, the request is medically necessary.

Menthoderm 2 bottles: 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): Medications for chronic pain, Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The Mentherm product contains methyl salicylate 15% / menthol 10%. There is lack of guidelines support for the utilization of salicylate or menthol for the long-term treatment of chronic musculoskeletal pain. The criteria for the use of Mentherm 2 bottles was not met. Therefore, the request is not medically necessary.

Neurontin: Overturned

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): Medications for chronic pain, Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The use of anticonvulsant is associated with reduction of analgesic utilization, mood stabilization and improved sleep. The records indicate that the patient reported efficacy and functional restoration with utilization of Neurontin. The criteria for the use of Neurontin 600mg tid was met. Therefore, the request is medically necessary.

Flexeril: 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): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the utilization of Flexeril had exceeded that guidelines recommended maximum duration of 4 to 6 weeks. The patient is utilizing other sedative medications concurrently. The criteria for the use of Flexeril 7.5mg tid was not met. Therefore, the request is not medically necessary.

