

Case Number:	CM15-0030251		
Date Assigned:	02/23/2015	Date of Injury:	08/19/2013
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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: Anesthesiology

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 62 year old female, who sustained an industrial injury on 8/19/13. On 2/18/15, the injured worker submitted an application for IMR for review of Diclofenac Sodium ER 100mg, and Omeprazole 20mg, and Fexmid 7.5mg, and Gabapentin 600mg, and Menthoderm Gel for date of service 12/15/14. The treating provider has reported the injured worker complained of ongoing low back pain radiating to lower extremities and greater on the left leg with some numbness and tingling; spasms of the left paraspinal muscles. The diagnoses have included lumbosacral neuritis NOS; myalgia and myositis NOS; sprain lumbar region. Treatment to date has included EMG/NCS lower extremities (6/2/14); MRI lumbar spine (5/7/2014); lumbar epidural steroid injections (6/27/14 and 11/14/14). On 2/3/15 Utilization Review non-certified Diclofenac Sodium ER 100mg, and Omeprazole 20mg, and Fexmid 7.5mg, and Gabapentin 600mg, and Menthoderm Gel for date of service 12/15/14. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Diclofenac (Voltaren) is a non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute LBP, osteoarthritis, acute exacerbations of chronic pain, and short-term improvement of function in chronic LBP. However, there is no evidence of long-term effectiveness for pain or function. In addition, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommend that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective functional improvement. Medical necessity of the requested medication has not been established. The requested medication, Diclofenac, is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. In addition, the request for Diclofenac was found to be not medically necessary, which would mean that the Omeprazole would not appear to be medically necessary for this patient. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Fexmid 7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cyclobenzaprine (Fexmid).

Decision rationale: Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant with similar effects to tricyclic antidepressants. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Fexmid is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. In this case, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for Fexmid 7.5mg has not been established. The requested treatment is not medically necessary.

Gabapentin 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs), Gabapentin Gabapentin (Neurontin) Page(s): 17-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin.

Decision rationale: According to the CA MTUS (2009) and ODG, Gabapentin (Neurontin) is an anti-epilepsy drug (AED), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. There is limited evidence to show that this medication is effective for postoperative pain. In this case, there is no documentation of the medication's pain relief effectiveness, or functional benefit. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

Menthoderm Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

Decision rationale: Menthoderm Gel is an over-the-counter topical gel solution. It is a blend of "natural remedies," Methyl Salicylate and Menthol. This topical analgesic is not a standard treatment for LBP with radiculopathy. There is no peer-reviewed literature to support its use. It is evident from the records that the patient is able to use oral medications and there is no rationale provided for the use of topical gel. Medical necessity for the requested topical analgesic gel has not been established. The requested topical analgesic is not medically necessary.