

Case Number:	CM14-0132582		
Date Assigned:	08/22/2014	Date of Injury:	10/16/2012
Decision Date:	09/24/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who has submitted a claim for myalgia and myositis associated with an industrial injury date of October 16, 2012. Medical records from 2014 were reviewed. The patient complained of back pain radiating to the right leg. Current pain medications include omeprazole, Flexeril, Voltaren and Methoderm. He has a history of GERD due to Voltaren intake hence was prescribed omeprazole. Physical examination showed spasm of the lumbar paraspinal muscles; positive straight leg raise; decreased sensation over the right foot; and decreased strength on right ankle dorsiflexion. The diagnoses were myofascial pain syndrome, lumbar strain, and lumbar radiculopathy. Treatment to date has included oral analgesics, acupuncture, physical therapy, TENS, and chiropractic therapy. Utilization review from August 15, 2014 denied the request for 2 bottles of Methoderm 120 grams because it contains methyl salicylate and menthol which are not FDA recommended. Request for 100 tablets of Flexeril 7.5mg was also denied because long-term use is not recommended. Lastly, the request for 100 tablets of omeprazole 20mg was denied as well because no risk factors for GI events were described.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Bottles of Methoderm 120 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105 ,111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Capsaicin, Topical.

Decision rationale: Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Page 105 states that while the guidelines referenced support the topical use of methyl salicylates, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, there were no documented failed trials with first-line antidepressants or anticonvulsants. Moreover, it has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 2 Bottles of Methoderm 120 Grams is not medically necessary.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, physical exam findings do not reveal evidence of acute low back pain exacerbation to support cyclobenzaprine use. Moreover, there is no evidence that medication will be used for short-term treatment only. The medical necessity has not been established. Therefore, the request for Flexeril 7.5mg is not medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. The use of proton pump inhibitors is recommended in those individuals: using multiple NSAIDs; high-dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, GERD was reported with Voltaren use. Omeprazole is beneficial for the patient. However, the request did not specify amount to dispense. The medical necessity cannot be established because request was nonspecific. Therefore, the request for Omeprazole 20mg is not medically necessary.