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| Case Number: | CM14-0145760 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 07/03/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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:

This is a 25-year-old female with a 7/3/13 date of injury. The mechanism of injury occurred when she was pushing a pallet and felt a popping sensation on her right hip. According to a handwritten progress report dated 9/4/14, the patient complained of back pain, rated as an 8/10. Objective findings: no change in condition, weight gain of 15 pounds, muscle spasms. Diagnostic impression: lumbar strain, lumbar radiculopathy Treatment to date: medication management, activity modification, physical therapy, acupuncture, home exercise program. A UR decision dated 8/28/14 denied the requests for urine tox screen, Flexeril, Omeprazole, and Mentherm. Regarding urine tox screen, there is no documentation of provider concerns over claimant use of illicit drugs or non-compliance with prescription medications. The claimant was authorized for urine toxicology screens on 6/5/14 and 7/9/14; however the results of these screens are not currently available. Regarding Flexeril, there is no explicit documentation of spasm relief from the use of this medication. Regarding Omeprazole, there is no documentation that the claimant is currently being prescribed high dose NSAIDS or documentation of GI distress symptoms. Regarding Mentherm cream, there is no documentation of the claimant's intolerance of these or similar medications to be taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine tox screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43; 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. It is documented in a progress report dated 1/10/14 that the patient was taking Tramadol at that time. However, there is no documentation in the most recent reports reviewed that the patient is currently taking an opioid medication. It is unclear why the provider is requesting a urine drug screen at this time. Therefore, the request for 1 urine tox screen was not medically necessary.

1 prescription for flexeril 10mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the records reviewed, this patient has been on Flexeril since at least 1/10/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for 1 prescription for flexeril 10mg QTY:60 was not medically necessary.

1 prescription for Omperazole 20mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need

for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. 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. There is no documentation that the patient has any gastrointestinal complaints. In addition, there is no documentation that the patient is utilizing chronic NSAID therapy. Therefore, the request for 1 prescription for Omeprazole 20mg QTY:90 was not medically necessary.

1 prescription for Mentherm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentherm 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. A specific rationale identifying why the patient the requires this brand name product instead of an over-the-counter formulation was not provided. Therefore, the request for 1 prescription for Mentherm cream was not medically necessary.