

Case Number:	CM14-0151643		
Date Assigned:	09/19/2014	Date of Injury:	04/22/2011
Decision Date:	11/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/17/2014

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 Pain Management 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 injured worker is a 67 year old female with a date of injury on April 22, 2001. She is diagnosed with (a) displacement of the cervical intervertebral disc without myelopathy, (b) cervical radiculopathy, (c) degeneration of the cervical intervertebral disc, (d) spinal stenosis in the cervical region at C5-6, (e) disorders of the bursae and tendons in the left shoulder region - left supraspinatus tendinosis, (f) osteoarthritis localized primary evolving bilateral shoulders region - bilateral AC (acromioclavicular) with impingement syndrome on the right, (g) myalgia, and (h) cervical spondylosis. Treatments she underwent include extracorporeal shockwave therapy, urine drug screening tests which did not detect anything, oral medications, physical therapy, cervical epidural steroid injections, positive electromyogram/nerve conduction velocity test (on November 30, 2011 for moderate bilateral carpal tunnel syndrome/median nerve compartment entrapment at wrists affecting sensory and motor component. Right affted more than left, suggestive of possible right chronic C7 (or C6) radiculopathy; magnetic resonance imaging of the cervical spine (5/01/2013) noted (a) mild to moderate spondylosis at C3 through to C7, (b) C5-6: 5-mm left intraforaminal C5-6 disc herniation associated with 3-mm left posterior paracentral stenosis and distortion, impingement and compression of the left C6 nerve root in the left C5-6 lateral recess and left C5-6 neural foramina. and (C) C3-4, C4-5, and C6-7: 2 to 3-mm posterior disc protrusions at each indent and impinge on the anterior thecal sac. Most recent records dated 5/13/2014 indicate that the injured worker complained of cervical spine and thoracic spine pain rated at 7/10, bilateral shoulder pain rated at 6/10, and bilateral wrist pain rated at 9/10. Pain was worsened by work, activities of daily living, repetitive use, and forceful activities. Cervical spine examination noted tenderness over the bilateral paraspinals and bilateral upper trapezius muscles with spasms as well as tenderness over the bilateral SCM (sternocleidomastoid) muscles and bilateral scales. Range of motion was limited. Thoracic

spine examination noted tenderness over the bilateral paraspinals. There was right fourth digit flexor pulley tendon nodule/triggering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Methoderm Compound Salicylate 15%/Menthol 10% Gel 360gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Capsaicin, topical (chili pepper/cayenne pepper)

Decision rationale: According to evidence-based guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methoderm gel is composed of methyl salicylate and menthol as part of its active ingredients. Although the methyl salicylate component is supported by evidence guidelines but the menthol component is not and has been documented to cause serious burns, a new alert from the Food and Drug Administration. Since one of the components of this compounded medication is not recommended and has no evidence-based research support (specifically menthol), therefore the requested retrospective Methoderm compound salicylate 15%/menthol 10% gel 360 gm is not considered medically necessary.

Retro Cyclobenzaprine 10mg #90 date of services 6/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 63, 64.

Decision rationale: Evidence-based guidelines indicate that muscle relaxant's efficacy diminishes over time and prolonged use may lead to dependence. More specifically, this medication is only recommended for a short-course of therapy and it is not recommended for long-term use. In this case, although it is noted that the injured worker has spasms, she has been utilizing cyclobenzaprine in the long-term and most recent records still show that in spite of continued and long-term use, spasms are still evident which means that the medication is inefficient for her. Therefore, the retro cyclobenzaprine 10mg #90 with dated of service 6/10/2014 is not considered medically necessary.

Retro Omeprazole 20mg #30 date of services 6/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

Decision rationale: According to evidence-based guidelines a proton-pump inhibitor (e.g. omeprazole) may be provide as a prophylaxis or as a treatment if the injured worker is at risk for gastrointestinal events or if on NSAIDs (non-steroidal anti-inflammatory drug) therapy. In this case, the provided records do not indicate that she meets the criteria presented by evidence-based guidelines to warrant the certification of omeprazole. Therefore, the requested retrospective Omeprazole 20mg #30 with date of service 6/10/2014 is not considered medically necessary.