MAXIMUS Federal Services

Case Number:	CM14-0175725		
Date Assigned:	10/28/2014	Date of Injury:	03/11/2013
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 American Board Internal 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 injured worker (IW) is a 27-year-old woman who reported an injury on March 11, 2013. The mechanism of injury occurred due to repetitive work, packing and lifting on a regular basis. Past medical treatment included medications, physical therapy, steroid injections, and acupuncture. Diagnostic studies included EMG dated May 7, 2014. The IW also had an MRI of the right and left wrist on September 11, 2014. The clinical noted dated July 1, 2014 states that following a trial of 8 acupuncture visits, the IW had slight improvement, in which she is no longer described frequent, moderate pain rated 7/10. The clinical not dated September 24, 2014 indicated that the IW had continued complaints of increased pain to the bilateral wrists with some numbness and spasms. The IW had positive tenderness to the bilateral wrists and elbows. She had decreased range of motion of the bilateral wrists with decreased strength and reflexes. She also had decreased sensation to both hands and positive spasms to both wrists. The IW was diagnosed with myofascial pain syndrome; repetitive strain injury, right and left upper extremities; and bilateral wrist pain. Treatment plan recommendations indicated: Surgery consult request to see if the IW is a surgical candidate, and request refills of the following medications: Omeprazole 20mg, Flexeril 7.5mg (started 7/9/14), Neurontin 600mg (started 4/15/14), Voltaren XR 100mg (started 4/15/14) and Methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 2 Bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Menthoderm gel two bottles is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Menthol is not recommended for the guidelines. In this case, the injured worker was diagnosed with myofascial pain syndrome and repetitive strain injury. While the guidelines and support the use of topical salicylate, menthol (as noted above) is not recommended. Any compounded product that contains at least one drug (menthol) is not recommended, is not recommended. Consequently, Menthoderm is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Menthoderm gel is not medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, GI Effects and Cardio Risks Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Non-steroidal anti-inflammatory drugs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg is not medically necessary. Omeprazole is a proton pump inhibitor. Its use is determined when nonsteroidal anti-inflammatory drugs are being used in conjunction with comorbidity conditions that include gastrointestinal and cardiovascular conditions. Patients are at risk for gastrointestinal events if their age is greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids and or anticoagulant; or high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the medical record does not indicate at risk comorbid conditions that include peptic disease, perforation, and upper G.I. bleeding, concurrent aspirin use for multiple nonsteroidal anti-inflammatory drug use. Consequently, Omeprazole is not indicated for this injured worker. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg is not medically necessary.

Flexeril 7.5mg Three times per day #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg one tablet three times per day #45 is not medically necessary. Flexeril is a muscle relaxant and is recommended for short courses of therapy. The effect is modest and comes at the expense of greater adverse effects. The drug's effect is greatest in the first four days of treatment suggesting shorter courses may be better. This medication is not recommended for more than 2 to 3 weeks. The efficacy diminishes over time and prolonged use of some muscle relaxants may lead to dependence. In this case, there is no indication is the record when the drug was first started July 9, 2014 nor was there a plan for its continued use. The documentation shows Flexeril has been used well in excess of the recommended 2 to 3 weeks. Furthermore, Flexeril has been used for an extended period. Consequently, absent compelling documentation to support the prolonged use of Flexeril, the drug is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flexeril 7.5 mg one tablet three times per day #45 is not medically necessary.

Neurontin 600mg Three times per day #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-seizure Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Anti-Convulsants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 600 mg three times per day #45 is not medically necessary. Neurontin is recommended for some neuropathic pain conditions and fibromyalgia. Neurontin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, there was no initial indication for the use of Neurontin. It was started April 15, 2014. The documentation does not indicate whether there was functional improvement associated with Neurontin use. Consequently, its continued use is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Neurontin 600 mg three times per day #45 is not medically necessary.

Voltaren XR 100mg every day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Non-steroidal anti-inflammatory drugs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain and, in particular, for those with gastrointestinal, cardiovascular and renal vascular risk factors. There is inconsistent evidence for the use of nonsteroidal anti-inflammatory medicines to treat long-term neuropathic pain but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis associated with neuropathic pain. Periodic functional improvement needs to be demonstrated. In this case, the medical record documentation does not demonstrate functional improvement. It was started April 15, 2014. There is no objective increase or decrease in pain associated with the use of Voltaren XR. Consequently, its continued use is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Voltaren XR is not medically necessary.

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines and the Acupuncture Medical Treatment Guidelines, the request for acupuncture is not medically necessary. Acupuncture is used as an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten in functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decreased side effects of medication induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Acupuncture guidelines provide for an initial trial of 3 to 4 visits over two weeks with demonstrated evidence of reduced pain, medicine use and objective functional improvement. Evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. A total of up to 8-12 visits over 4 to 6 weeks may then be considered. In this case, the medical documentation indicated the injured worker had a trial of eight acupuncture visits with slight improvements. However the documentation did not provide objective functional improvement in the activities of daily living or a reduction in work restrictions. Additionally, the documentation did not indicate the number of acupuncture.