

Case Number:	CM14-0184862		
Date Assigned:	11/13/2014	Date of Injury:	01/29/2013
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 is a 47 year-old male with a date of injury of January 29, 2013. The patient's industrially related diagnoses include lumbosacral sciatic syndrome, right knee sprain, internal derangement of the right knee with history of torn meniscus, and right ankle/foot sprain. Previous conservative treatments to date include physical therapy, ESWT, and Acupuncture. The disputed issues are prescriptions for Mentherm (Methyl Salicylate 15%/Menthol 10%) gel 360gm, Lenza Patch (Lidocaine 4%/Menthol 1%) #30, Cyclobenzaprine 7.5mg #90, Omeprazole 20mg #30, Flurbi 20%/Trama 20%/ Cyclo 4% cream, Gaba 10%/Amitrip 10%/Dextro 10% cream, Extracorporeal Shockwave Therapy (ECSWT) one time per week for four to six weeks, and a urine drug test. A utilization review determination on 10/24/2014 had non-certified these requests. The stated rationale for the denial of the ECSWT was: "There is some support for Extracorporeal Shock Wave Therapy in the treatment of specific conditions such as calcifying tendonitis of the shoulder or plantar fasciitis, but it is not supported for the patient's cited knee or low back conditions per ODG." The stated rationale for the denial of topical medications was: "Within the documentation available for review, none of the above mentioned conditions for possible use have been identified. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient." The stated rationale for the denial of Cyclobenzaprine was: "This medication is a sedating muscle relaxant apparently being utilized for long-term treatment and the documentation does not identify acute pain or an acute exacerbation of chronic pain." The stated rationale for the denial of Omeprazole was: "None of these conditions are documented and the request is non-certified." Lastly, the stated rationale for the denial of a urine drug test was: "There is no documentation of the date and results of prior testing and current risk stratification, and there is no indication that the patient is utilizing opioids or other drugs of potential abuse."

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (ECSWT); one (1) time per week for four (4) to six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy

Decision rationale: In regard to the request for Extracorporeal Shockwave Therapy (ESWT), the California MTUS does not address the issue. ODG cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. ODG further states that low energy ESWT is recommended as an option for chronic plantar fasciitis. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In the submitted medical records available for review, the injured worker was not documented to have chronic plantar fasciitis and the guidelines do not recommend ESWT for the low back or the knee symptoms. In light of the above issues, the currently requested Extracorporeal Shockwave Therapy (ECSWT), one (1) time per week for four (4) to six (6) weeks, is not medically necessary.

Menthoderm (Methyl Salicylate 15%/Menthol 10%) Gel 360gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regard to the request for Mentoderm, this topical compound is a combination of methyl salicylate 15% and menthol 10%. The Chronic Pain Medical Treatment Guidelines on page 111 state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. Methyl salicylate is an NSAID. Guidelines state that topical NSAIDs are recommended for short-term use (4-12 weeks). Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Furthermore, guidelines state that topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, but there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In the submitted medical records available for review, the treating physician documented analgesic effect from the use of Mentoderm. Additionally, there was documentation that the injured worker was unable to tolerate oral

NSAIDs, which would be preferred. It was documented on 6/6/2014 that the injured worker previously used oral NSAIDs including Naproxen, but had GI bleeding and rectal bleeding associated with it. There was no history of previous GI bleeds, and after stopping the Naproxen, the symptoms resolved. However, guidelines recommend short-term use of topical NSAIDs (4-12 weeks) and in the documentation, there was evidence that the injured worker has been using this medication for over 6 months. In light of these issues, the currently requested Methoderm is not medically necessary.

Lenza Patch (Lidocaine 4%/Menthol 1%) #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regard to the request for Lenza Patch (Lidocaine 4% and menthol 2%), Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of Lidocaine cream, lotion, or gels are indicated for neuropathic pain. In the submitted medical records available for review, there was no indication that the patient has failed first-line therapy recommendations. Based on the lack of documentation, the currently requested Lenza Patch (Lidocaine 4%/Menthol 2%) #30 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: In regard to the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. In the submitted medical records available for review, the treating physician documented reduction in pain with the use of medication, which included Cyclobenzaprine. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation as recommended by guidelines. The medical records indicate that the injured worker has been prescribed Cyclobenzaprine for over 6 months. Based on the documentation, the currently requested Cyclobenzaprine 7.5mg #90 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the submitted medical records available for review, the treating physician documented on 6/6/2014 that the injured worker previously used oral NSAIDs including Naproxen, but had GI bleeding and rectal bleeding associated with it. He had no history of previous GI bleeds, and after stopping the Naproxen, the symptoms resolved. Due to this history, the injured worker is at intermediate risk for gastrointestinal events. However, NSAIDs were discontinued and at the time of the request, there was no documentation that the injured worker was prescribed an NSAID. Therefore, since the injured worker is not taking an NSAID, there is no indication for a PPI. In light of these issues, the currently requested Omeprazole 20mg #60 is not medically necessary at this time.

Urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: In regard to the request for a urine drug test (UDT), CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. In the submitted medical records available for review, there was documentation that the treating physician had recently performed a urine drug test. That urine drug test performed on 7/2/2014 was negative for everything. Furthermore, the treating physician did not document that the injured worker was taking controlled substances and there was no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There was no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. In light of these issues, the currently requested urine drug test is not medically necessary.

Flurbi 20%/ Trama 20%/ Cyclo 4% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbi 20%/Trama 20%/Cyclo 4% cream is a compounded topical formulation containing Cyclobenzaprine. Regarding topical Cyclobenzaprine, guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical Cyclobenzaprine, the currently requested Flurbi 20%/Trama 20%/Cyclo 4% cream is not medically necessary.

Gaba 10%/ Amitript 10%/ Dextro 10% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gaba 10%/Amitrip 10%/Dextro 10% cream is a topical formulation containing Gabapentin. Regarding topical Gabapentin, the guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested Gaba 10%/Amitrip 10%/Dextro 10% cream is not medically necessary.