

Case Number:	CM13-0051960		
Date Assigned:	12/27/2013	Date of Injury:	10/26/2005
Decision Date:	02/09/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 Internal Medicine, has a subspecialty in Nephrology 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 50-year-old male with a 10/26/05 date of injury. According to a progress report dated 10/4/13, the patient had a cervical ESI on 6/17/13 with very good results. She continued to complain of significant pain in the left SI joint region radiating into the left groin and perineum. She had constant bruxism and grinding of her teeth, which caused headaches. She had constant anxiety and depression related to her long-term disability and the constant use of medications. The patient has been stable on her current medical regimen, which allowed her to be as functional as possible throughout the day. Each medication has been reviewed independently and noted to help with her pain and function. Objective findings: tenderness to palpation of posterior cervical musculature, numerous trigger points, decreased cervical range of motion, tenderness to palpation of lumbar musculature with decreased range of motion, decreased sensation along the posterior lateral thighs and calves bilaterally. Diagnostic impression: cervical and lumbar myoligamentous injury with radiculopathy, reactionary depression/anxiety, medication induced gastritis, bruxism and teeth grinding, dermatitis. Treatment to date: medication management, activity modification, physical therapy, epidural steroid injections. A UR decision dated 10/11/13 denied the requests for Anaprox DS, Prilosec, Fexmid, and Dendracin. Regarding Anaprox DS, it is unclear given all the chronic pain issues that the claimant has, that this medication has been effective. When taking into consideration the risk of GI adverse events, cardiac and renal, this medication is not recommended for long term use in this claimant. Regarding Prilosec, the claimant should not need to be on NSAIDS long term, therefore, the need for PPIs is unclear. Regarding Fexmid, long term use of muscle relaxants is not supported by evidence based guidelines. Regarding Dendracin, CA MTUS states that there is little to no research to support the use of local anesthetics in topical compound formulations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the present case, it is noted that medications allowed her to be as functional as possible throughout the day and helped with her pain and function. However, the most recent progress report provided for review is dated 10/4/13. The medical necessity of this request cannot be established without recent medical records to evaluate the patient's current condition. Therefore, the request for Anaprox DS 550MG #60 was not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk 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. In the present case, it is noted that this patient is currently taking the medication Anaprox, and guidelines support the use of proton pump inhibitors for prophylaxis of NSAID-induced gastritis. However, the most recent progress report provided for review is dated 10/4/13. The medical necessity of this request cannot be established without recent medical records to evaluate the patient's current condition. Therefore, the request for Prilosec 20mg #60 was not medically necessary.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants 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. However, in the present case, it is unclear how long this patient has been taking Fexmid. 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. Furthermore, the most recent progress report provided for review is dated 10/4/13. The medical necessity of this request cannot be established without recent medical records to evaluate the patient's current condition. Therefore, the request for Fexmid 7.5mg #60 was not medically necessary.

Dendracin: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Topical Medication Safety Warning).

Decision rationale: A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the most recent progress report provided for review is dated 10/4/13. The medical necessity of this request cannot be established without recent medical records to evaluate the patient's current condition. Therefore, the request for Dendracin was not medically necessary.