

<b>Case Number:</b>	CM15-0112017		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 41-year-old male who sustained an industrial injury on 09/30/2014. Diagnoses include sprain/strain of the cervical, thoracic and lumbar spine, rule out herniated nucleus pulposus; bilateral shoulder contusion, rule out impingement syndrome and status post head concussion. Treatment to date has included medications, physical therapy, chiropractic treatment and activity modification. MRI of the lumbar spine dated 12/2/14 showed no evidence of herniated discs, neural foraminal narrowing or canal stenosis. According to the Doctor's First Report of Occupational Injury or Illness dated 2/23/15, the IW reported pain in the cervical, thoracic and lumbar spine as well as the bilateral shoulders and occipital headaches. On examination, there was tenderness over the paravertebral muscles of all regions of the spine and to the bilateral shoulders. A functional capacity evaluation report was reviewed from date of service 1/13/15. A request was made for Flexeril 10mg, #60, Prilosec 20mg, #90, Menthoderm cream and functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril tablets 10mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41-42, 63-66.

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

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any goals for improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of Cyclobenzaprine is not substantiated in the records; the request is not medically necessary.

**Prilosec capsules 20mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: (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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Omeprazole. Therefore, the request is not medically necessary.

**Menthoderm cream (unknown quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111-113, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Menthoderm is a topical analgesic consisting of Methyl salicylate and menthol. This product is used in the temporary relief of minor aches and pains of muscle and joints associated with arthritis, bruises, simple backache, sprains, and strains. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit fails to document goals improvement in pain, functional status or a discussion of side effects to justify use of a compounded product. The request is not medically necessary.

**FCE (functional capacity evaluation):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, pages 137 and 138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12, 21.

**Decision rationale:** Per the ACOEM, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. This injured worker was already able to participate in physical therapy and chiropractic care and the records do not support that the worker has had prior unsuccessful return to work attempts to substantiate the medical necessity for a functional capacity evaluation. Therefore, the request is not medically necessary.