

Case Number:	CM15-0112996		
Date Assigned:	06/19/2015	Date of Injury:	09/17/2014
Decision Date:	08/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (n) 37 year old male, who sustained an industrial injury on 9/17/14. He reported pain in his right wrist/hand, right shoulder and lower back after grabbing a heavy cart as it started to tip over. The injured worker was diagnosed as having right shoulder degenerative joint disease, lumbosacral strain and right wrist sprain. Treatment to date has included a lumbar MRI on 3/3/15 showing a herniated nucleus pulposus at L4-L5, chiropractic treatment and an EMG/NCV of the cervical spine and upper extremities. Current medications include Tramadol, Flexeril, Omeprazole, Naproxen and Menthoderm since at least 1/5/15. As of the PR2 dated 5/18/15, the injured worker reports pain in the lumbar spine that is moderate to severe. Objective findings include a positive straight leg raise test bilaterally and tenderness to palpation in the lumbar paraspinal muscles. The treating physician requested Cyclobenzaprine 10mg #60, Menthoderm ointment 120gm, Naproxen 550mg #90 and Omeprazole 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 10 mg #60 with a dos of 5/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: The patient was injured on 09/17/14 and presents with lumbar spine pain. The retrospective request is for Cyclobenzaprine 10 mg #60 (DOS: 05/18/15). The RFA is dated 05/18/15 and patient's current work status is not provided. It is unclear when the patient began taking this medication. MTUS, pages 63-66, states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has tenderness to palpation along the lumbar spine paraspinal musculature and a positive straight leg raise. He is diagnosed with lumbar spine sprain/strain. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2-3 weeks. There is no indication that the patient will be using this medication on a short-term basis. It is unknown when the patient began taking this medication and an additional 60 tablets of Cyclobenzaprine may exceed the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Cyclobenzaprine is not medically necessary.

Retrospective Mentherm ointment 120 gm with a dos of 5/18/2015: Upheld

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

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

Decision rationale: The patient was injured on 09/17/14 and presents with lumbar spine pain. The retrospective request is for Mentherm Ointment 120 gm (DOS: 05/18/15). The RFA is dated 05/18/15 and patient's current work status is not provided. The patient has been using this ointment as early as 04/13/15. Mentherm cream contains methyl salicylate 15% and menthol 10%. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient has tenderness to palpation along the lumbar spine paraspinal musculature and a positive straight leg raise. He is diagnosed with lumbar spine sprain/strain. There are no diagnoses of peripheral joint arthritis, tendinitis, or osteoarthritis for which topical NSAIDs are indicated. MTUS specifically speaks against its use for spinal conditions, which is what the patient presents with. Therefore, the requested Mentherm ointment is not medically necessary.

Retrospective Naproxen Sodium 550 mg #90 with a dos of 5/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 09/17/14 and presents with lumbar spine pain. The retrospective request is for Naproxen Sodium 550 mg #90 (DOS: 05/18/15). The RFA is dated 05/18/15 and patient's current work status is not provided. The patient has been taking this medication as early as 04/13/15. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The reason for the request is not provided. The patient has tenderness to palpation along the lumbar spine paraspinal musculature and a positive straight leg raise. He is diagnosed with lumbar spine sprain/strain. The treater does not specifically discuss efficacy of Naproxen on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naproxen is not medically necessary.

Retrospective Omeprazole 20 mg #90 with a dos of 5/18/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient was injured on 09/17/14 and presents with lumbar spine pain. The retrospective request is for Omeprazole 20 mg #90 (DOS: 05/18/15). The RFA is dated 05/18/15 and patient's current work status is not provided. The patient has been taking this medication as early as 04/13/15. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events. 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. The patient has tenderness to palpation along the lumbar spine paraspinal musculature and a positive straight leg raise. He is diagnosed with lumbar spine sprain/strain. As of 05/18/15, the patient is taking Tramadol, Naproxen, and Flexeril. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Omeprazole is not medically necessary.