

Case Number:	CM15-0118933		
Date Assigned:	06/29/2015	Date of Injury:	05/20/2013
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 35 year old male who sustained an industrial /work injury on 5/20/13. He reported an initial complaint of low back pain. The injured worker was diagnosed as having myofascial sprain and strain of lumbosacral spine, degenerative disease of lumbosacral spine, and lumbar radiculopathy. Treatment to date includes medication, acupuncture, physical therapy, brace, chiropractic treatments, transcutaneous electrical nerve stimulation (TENS) unit, and cognitive behavior therapy. EMG/NCV (electromyography and nerve conduction velocity test was completed on 5/6/15. A follow up physiatry evaluation dated 4/21/15 states that the patient was taking hydrocodone, prilosec, Gabapentin, Relafen and Robaxin and there is not much improvement in his pain level with the medication. Currently, the injured worker complained of low back pain radiating into the left lower extremity. Pain was rated 9/10 without medication and 7/10 with medication. Per the primary physician's report (PR-2) on 5/28/15, examination notes tenderness to palpation over the lumbosacral spine and paraspinal muscles, range of motion was limited with no stiffness or spasm. The requested treatments include Retrospective: Methocarbamol (Robaxin) 50mg, Omeprazole (Prilosec) 20mg, and Dendracin Lotion 120ml (all on DOS 05/01/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Methocarbamol (Robaxin) 50mg quantity 30, DOS 5/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available) and Muscle relaxants (for pain) Page(s): 65 and 63.

Decision rationale: Retrospective Methocarbamol (Robaxin) 50mg quantity 30, DOS 5/1/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the muscle relaxants with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. The MTUS recommends 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 documentation does not reveal significant functional improvement or pain relief on prior Robaxin. The documentation indicates that the patient has already taken Robaxin and this medication is recommended for short term use. The request for continued Robaxin is not medically necessary.

Retrospective Omeprazole (Prilosec) 20mg quantity 60 DOS 5/1/15: Upheld

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

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

Decision rationale: Retrospective Omeprazole (Prilosec) 20mg quantity 60 DOS 5/1/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.

Retrospective Dendracin Lotion 120ml DOS 05/01/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topicals Page(s): 111-113 and 105. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/benzocaine-topical.html> and <http://www.drugs.com/cdi/dendracin-lotion.html>.

Decision rationale: Retrospective Dendracin Lotion 120ml DOS 05/01/15 is not medically necessary per the MTUS Guidelines and a review online of benzocaine and Dendracin. Dendracin contains methyl salicylate/benzocaine/menthol. Per MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Salicylate topicals are recommended by the MTUS and Dendracin contains methyl salicylate. Benzocaine per a review online of this topical agent is a local anesthetic. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay in the MTUS which has menthol in it and is medically used per MTUS for chronic pain. The documentation does not indicate that the patient is intolerant to oral medications. Furthermore, the patient has been using this lotion without evidence of significant functional improvement or improvement in pain. The request for continued Dendracin is not medically necessary.