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| Case Number: | CM15-0166286 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 04/24/2015 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old female with a date of injury of April 24, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar myositis and myalgia, lumbar radiculopathy, lumbar spine sprain and strain, thoracic spine sprain and strain, insomnia, anxiety, and depression. Medical records dated June 8, 2015 indicate that the injured worker complains of lower back pain rated at a level of 8 out of 10 without medications and 4 out of 10 with medications, back pain associated with radiating pain, numbness, and tingling of the bilateral lower extremities more on the left, mid back pain rated at a level of 8 out of 10 without medications and 4 out of 10 with medications, loss of sleep, anxiety and depression. A progress note dated May 14, 2015 indicated subjective complaints of mid and lower back pain without radicular pain or weakness. Per the treating physician note of June 8, 2015, the employee has not returned to work. The physical exam dated June 8, 2015 reveals parathoracic myospasm bilaterally from T1 through T12, decreased range of motion of the thoracic spine with end range mid back pain (flexion of 55 degrees, right rotation of 25 degrees, left rotation of 25 degrees), tenderness and myospasm over the bilateral paralumbar muscles, tenderness to palpation over the sciatic notches, positive straight leg raise bilaterally, positive Braggard's test bilaterally, decreased range of motion of the lumbar spine due to end range back pain (flexion of 50 degrees, extension of 25 degrees, right rotation of 20 degrees, left rotation of 20 degrees, right lateral bending of 20 degrees, left lateral bending of 20 degrees), and circumscribed trigger points with positive taut bands, twitch response, positive jump sign with pressure over the bilateral paralumbar muscles. The progress note dated May 14, 2015 documented a physical

examination that showed mild tenderness to palpation over the left paralumbar and parathoracic regions with no significant spasm. Treatment has included medications (Flector patches since at least May of 2015; Ibuprofen, Tramadol, Naproxen, Cyclobenzaprine, Omeprazole since at least June of 2015), electromyogram-nerve conduction velocity studies (June 26, 2015) that showed mild to moderate left tibial motor axial neuropathy, and an initial evaluation for physical therapy. The medical record contained a urine drug screen dated July 10, 2015 that showed negative results for all tested medications. The original utilization review dated July 20, 2015 non-certified a request for Voltaren 100 mg, Prilosec 20mg #90, Mentherm ointment 240gm, and Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of high dose NSAIDs can be associated with renal, cardiovascular and gastrointestinal complications. The records indicate that the patient is utilizing multiple NSAIDs medications concurrently with significantly high risk or adverse effects. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the minimum period to decrease adverse medication effects. The criteria for the use of Voltaren 100mg was not met. The request is not medically necessary.

Prilosec 20 mg #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 Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in high risk patients. The records did not indicate the presence of risk factors such as age greater than 65

years or history of gastrointestinal disease. The patient was noted to be utilizing multiple NSAIDs medications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest time period to minimize the incident of gastrointestinal complications. The criteria for the use of Prilosec 20mg #90 was not met. The request is not medically necessary.

Menthoderm ointment #240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line antidepressant and anticonvulsant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The Mentoderm contains methyl salicylate 15% and menthol 10%. There is lack of guidelines support for the utilization of methyl salicylate and menthol for the treatment of chronic musculoskeletal pain. The criteria for the use of Mentoderm was not met. The request is not medically necessary.

Flexeril 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedative agents. The records indicate that the duration of use of cyclobenzaprine had exceeded that guidelines recommended period of 4 to 6 weeks. The criteria for the use of Flexeril 10mg #60 was not met. The request is not medically necessary.