

Case Number:	CM15-0169593		
Date Assigned:	09/10/2015	Date of Injury:	04/20/2015
Decision Date:	11/02/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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

Certification(s)/Specialty: Internal 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 24-year-old female who sustained an industrial injury on 04-20-15. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic and lumbar spine sprain. Medical records (07-30-15) indicate the lumbar spine pain is frequent and aggravated by prolonged standing and walking. The physical exam (07-30-15) reveals no physical findings as "FF 30 ext 10 RLB=LLB=15." Treatment has included medications and topical treatments. The treating provider indicates MRI results reveal lumbar disc bulges. The original utilization review (08-20-15) non-certified the inferential unit and Voltaren as there is no documentation of failure of first line treatments. Mentherm was non-certified as this is not an approved topical agent. Prilosec was non-certified as there is no documentation of gastrointestinal disease. Tramadol was noncertified as there is no documentation of the frequency and duration of the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or anti-depressants. Methoderm contains methyl salicylate/menthol. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Menthol is a compound from peppermint oil. It's use in isolation to treat chronic pain is not supported by evidence based treatment guidelines. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of anti-depressants and anti-convulsants. In this injured worker the medical necessity for the requested topical cream has not been established. Therefore, as per guidelines stated above, the requested topical cream is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Proton pump inhibitors (PPIs).

Decision rationale: As per the ODG guidelines, Omeprazole is a proton pump inhibitor. The CA MTUS guidelines indicate that proton pump inhibitors are recommended in those patients who are risk for gastrointestinal events and no cardiovascular disease. The gastrointestinal event risk factors include: age over 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, concurrent use of ASA (aspirin), corticosteroids, and/or an anti-coagulant, or high dose or multiple oral NSAID (non-steroidal anti-inflammatory drug) use. There is no evidence documented that this injured worker is at risk of gastrointestinal events or has any concerning GI complaints. Also there is no evidence of a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, anti-coagulatns. Based on the available information provided for review, the medical necessity for Omeprazole has not been established.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this

injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Voltaren (Diclofenac Sodium) is classified as a non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors". Under back pain - chronic low back pain, it is "recommended as an option for short term symptomatic relief" and "that non-steroidal anti-inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants". After review of the received medical records, there is no evidence that the injured worker had received a trial of acetaminophen as the first-line treatment. There is no indication that Voltaren (Diclofenac Sodium) is providing any specific analgesic benefits, such as percent pain reduction or reduction in pain level, or any objective functional improvement. In addition, there is no documentation of why the injured worker is being prescribed Voltaren, and the frequency is not specified. Based on the Guidelines and submitted medical records, the request for Voltaren is not medically necessary.

IF unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter- Knee & Leg (Acute & Chronic) Interferential current therapy (IFC).

Decision rationale: As per MTUS Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic issues. In addition although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. As per Official Disability Guidelines (ODG) Interferential current therapy (IFC) is under study for osteoarthritis and recovery post knee surgery. Not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy (IFC) may

help reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. The injured worker's diagnoses is thoracic and lumbar spine sprain. Based on the currently available information in the submitted Medical Records of this injured worker, and peer review of the guidelines, the medical necessity for Interferential Current Stimulation (ICS) unit has not been established.