

<b>Case Number:</b>	CM15-0179869		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Indiana, 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 50 year old male-female, who sustained an industrial-work injury on 12-17-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine strain, myofascial pain syndrome, bilateral lumbosacral radiculopathy and bilateral sacroiliac joint pain. Medical records dated (3-6-15 to 8-24-15) indicate that the injured worker complains of low back pain and bilateral sciatica with radicular symptoms that go down from the center of the back to the bilateral lower extremities (BLE) with numbness and tingling. She also has pain in the bilateral sacroiliac joints. The pain is rated 7-9 out of 10 on pain scale and has been unchanged. The pain is described as stabbing, sharp and throbbing. The pain is minimally improved with use of Norco and Ibuprofen. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 6-16-15 the injured worker has not returned to work. The physical exam dated 8-24-15 reveals positive Fabers bilaterally, positive straight leg raise bilaterally, and decreased range of motion of the back by 10 percent in all planes. Treatment to date has included pain medication, Omeprazole, Methoderm, Diclofenac since at least 8-7-15, bilateral medial branch block 5-29-15 with relief in the first 4-5 hours with immediate return of pain, epidural steroid injection (ESI) 2-6-15 with no improvement, and other modalities. The request for authorization date was 8-24-15 and requested services included 2 Containers of Methoderm Gel 120 grams, 100 capsules of Omeprazole 20mg and 100 tablets of Diclofenac Sodium ER 100mg. The original Utilization review dated 9-8-15 non-certified the request for 2 Containers of Methoderm Gel 120 grams as there is no indication that the injured worker has failed anticonvulsants or anti-depressants and

no indication that there is neuropathic pain. The request for 100 capsules of Omeprazole 20mg was non-certified as there is no indication that the injured worker is at risk for any gastrointestinal events. The request for Diclofenac Sodium ER 100mg is non-certified as there is no documentation of an objective decrease in pain and increase in function with use of a Nonsteroidal anti-inflammatory drug previously.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **2 Container of Methoderm Gel 120 grams: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, two containers Methoderm gel #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome; lumbar spine pain and bilateral SI pain. Date of injury is February 17, 2013. Request for authorization is January 31, 2015. According to the progress note dated March 16, 2015, the treating provider was prescribing Motrin 800 mg. According to a progress note dated May 2015, Norco and tramadol were added. According to an August 7, 2015 progress note, the injured worker developed some gastritis with Motrin. Subjectively there is pain and lumbar spine with numbness in the bilateral legs. Objectively there is positive straight leg raising. The treating provider initiated omeprazole, diclofenac and Methoderm. According to progress note dated August 24, 2015, the injured worker has ongoing low back pain. Objectively, physical examination is unchanged. There is no objective functional improvement in the medical record as it pertains to diclofenac, omeprazole and Methoderm. There is no documentation of failed first-line treatment with gabapentin. Topical salicylate was significantly better than placebo but larger more valid studies without significant effects. There is no documentation demonstrating objective functional improvement support ongoing Methoderm. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation of failed first-line treatment (gabapentin), two containers Methoderm gel #120 g is not medically necessary.

### **100 capsules of Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 100 capsules of omeprazole 20 mg is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome; lumbar spine pain and bilateral SI pain. Date of injury is February 17, 2013. Request for authorization is January 31, 2015. According to the progress note dated March 16, 2015, the treating provider was prescribing Motrin 800 mg. According to a progress note dated May 2015, Norco and tramadol were added. According to an August 7, 2015 progress note, the injured worker developed some gastritis with Motrin. Subjectively there is pain and lumbar spine with numbness in the bilateral legs. Objectively there is positive straight leg raising. The treating provider initiated omeprazole, diclofenac and Methoderm. According to progress note dated August 24, 2015, the injured worker has ongoing low back pain. Objectively, physical examination is unchanged. There is no objective functional improvement in the medical record as it pertains to diclofenac, omeprazole and Methoderm. The documentation in the August 7, 2015 progress note states the injured worker developed "some gastritis with Motrin". There were no specific symptoms designated in the medical record. There was no documentation demonstrating objective functional improvement with omeprazole. There was no documentation indicating an improvement in symptoms with omeprazole. There was no further documentation indicating resolution of gastritis with omeprazole. There are no co-morbid conditions or risk factors (other than the episode of gastritis in the August 7, 2015 progress note). Additionally, diclofenac was deemed not medically necessary, and, as a result, a proton pump inhibitor is no longer clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating an improvement in "gastritis", no designation of what symptoms related to gastritis and no documentation demonstrating objective functional improvement, 100 capsules of omeprazole 20 mg is not medically necessary.

**100 tablets of Diclofenac Sodium ER 100mg:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 100 tablets of diclofenac sodium ER 100 mg is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome; lumbar spine pain and bilateral SI pain. Date of injury is February 17, 2013. Request for authorization is January 31, 2015. According to the progress note dated March 16, 2015, the treating provider was prescribing Motrin 800 mg. According to a progress note dated May 2015, Norco and tramadol were added. According to an August 7, 2015 progress note, the injured worker developed some gastritis with Motrin. Subjectively there is pain and lumbar spine with numbness in the bilateral legs. Objectively there is positive straight leg raising. The treating provider initiated omeprazole, diclofenac and Mentherm. According to progress note dated August 24, 2015, the injured worker has ongoing low back pain. Objectively, physical examination is unchanged. There is no objective functional improvement in the medical record as it pertains to diclofenac, omeprazole and Mentherm. The documentation in the August 7, 2015 progress note states the injured worker developed "some gastritis with Motrin". There were no specific symptoms designated in the medical record. There was no documentation demonstrating objective functional improvement with diclofenac after being started two weeks prior. There is no documentation indicating a resolution of "gastritis". There were no symptoms or objective findings related to gastritis or a resolution of these symptoms or objective findings. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with diclofenac, no documentation indicating a resolution of gastritis and guideline non-recommendations based on the potential adverse effects of diclofenac, 100 tablets of diclofenac sodium ER 100 mg is not medically necessary.