

Case Number:	CM15-0091765		
Date Assigned:	05/18/2015	Date of Injury:	01/09/2014
Decision Date:	07/01/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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 44 year old male who sustained an industrial injury on 1/9/14. The injured worker was diagnosed as having lumbar sprain/strain myospasms, lumbar disc protrusions per magnetic resonance imaging, lumbar facet hypertrophy per magnetic resonance imaging, lumbar spinal and neural foraminal stenosis per magnetic resonance imaging, left shoulder sprain/strain, left shoulder internal derangement and labral tears per magnetic resonance imaging, left shoulder bursitis per magnetic resonance imaging and left rotator cuff tears per magnetic resonance imaging. Currently, the injured worker was with complaints of back pain with radiation to the lower extremities with associated numbness and tingling. Previous treatments included medication management. Previous diagnostic studies included an electromyography, nerve conduction studies and a magnetic resonance imaging. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

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

Decision rationale: The patient was injured on 01/09/14 and presents with lumbar spine pain. The request is for IBUPROFEN 800 MG QTY 60. There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 11/06/14. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The reason for the request is not provided. The patient is diagnosed with lumbar sprain/strain myospasms, lumbar disc protrusions, lumbar facet hypertrophy, lumbar spinal and neural foraminal stenosis, left shoulder sprain/strain, left shoulder internal derangement and labral tears, left shoulder bursitis, and left rotator cuff tears. He has tenderness to palpation along his lumbar spine and has a decreased lumbar spine range of motion. On 12/11/14, the patient rated his back pain as a 6/10 and his left shoulder pain as a 7/10. On 01/08/15, he rated his back pain as an 8/10 and his left shoulder pain as a 6/10. The treater does provide any discussion regarding Ibuprofen. Although there are pain scales provided, there is no documentation provided regarding how Ibuprofen has specifically helped reduce the patient's pain and improve function, as required by MTUS page 60. Therefore, the requested Ibuprofen IS NOT medically necessary.

Prilosec 20 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk 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 01/09/14 and presents with lumbar spine pain. The request is for PRILOSEC 20 MG QTY 90. There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 12/11/14. 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 is diagnosed with lumbar sprain/strain myospasms, lumbar disc protrusions, lumbar facet hypertrophy, lumbar spinal and neural foraminal stenosis, left shoulder sprain/strain, left shoulder internal derangement and labral tears, left shoulder bursitis, and left

rotator cuff tears. He has tenderness to palpation along his lumbar spine and has a decreased lumbar spine range of motion. The patient is currently taking Ibuprofen and Norco. 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. Therefore, the requested Prilosec IS NOT medically necessary.

Menthoderm 240 g Qty 1: 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 01/09/14 and presents with lumbar spine pain. The request is for MENTHODERM 240 G QTY 1. There is no RFA provided and the patient is on temporary total disability. The patient has been using Mentoderm as early as 12/11/14. Mentoderm gel contains methyl salicylate 15% and methyl 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 reason for the request is not provided. The patient is diagnosed with lumbar sprain/strain myospasms, lumbar disc protrusions, lumbar facet hypertrophy, lumbar spinal and neural foraminal stenosis, left shoulder sprain/strain, left shoulder internal derangement and labral tears, left shoulder bursitis, and left rotator cuff tears. He has tenderness to palpation along his lumbar spine and has a decreased lumbar spine range of motion. There are no diagnoses of peripheral joint arthritis, tendinitis, or osteoarthritis for which topical NSAIDs are indicated. There is no indication of where the patient will be applying this topical to. MTUS specifically speaks against its use for spinal conditions, which is what this patient presents with. Therefore, the requested Mentoderm IS NOT medically necessary.

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 01/09/14 and presents with lumbar spine pain. The request is for NORCO 10/325 MG QTY 60. There is no RFA provided and the patient is on temporary total disability. It is unknown when the patient began taking Norco. Progress reports are provided from 11/06/14 to 04/29/15. MTUS Guidelines pages 88 and 89 state, "Pain should

be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The reason for the request is not provided. The patient is diagnosed with lumbar sprain/strain myospasms, lumbar disc protrusions, lumbar facet hypertrophy, lumbar spinal and neural foraminal stenosis, left shoulder sprain/strain, left shoulder internal derangement and labral tears, left shoulder bursitis, and left rotator cuff tears. He has tenderness to palpation along his lumbar spine and has a decreased lumbar spine range of motion. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before-and-after pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.