

Case Number:	CM13-0024049		
Date Assigned:	06/20/2014	Date of Injury:	01/05/2009
Decision Date:	08/13/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65 year-old male who reported an injury on 01/05/2009 caused by an unknown mechanism. On 01/31/2014 the injured worker complained of low back pain with spasms. He states his pain was a 9/10 that had increased significantly due to the cold weather. It was reported the injured worker had difficulty sleeping. On the physical examination of the low back revealed tenderness to palpation. The medications included Tramadol 50 mg, Topiramate 25 mg, Omeprazole 20 mg and Mentherm. It was noted that the injured worker stated current medications did not alleviate his pain much. The diagnoses included lumbalgia/lumbar intervertebral disc, head injury, lumbosacral or thoracic; neuritis or radiculitis and myofascial. The treatment plan included for a decision on Mentherm 120gm bottle. The authorization for request was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120gm bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s) 111-113 Page(s): 111-113.

Decision rationale: The request for Mentherm 120gm is not medically necessary. The diagnoses included lumbalgia/lumbar intervertebral disc, head injury, lumbosacral or thoracic; neuritis or radiculitis and myofascial. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documentation provided on conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Mentherm 120gm would be applied and unspecified quantity of the ointment was not provided. As such, for Mentherm 120gm is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request for of Omeprazole 20 mg #60 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did state that the injured worker is having gastrointestinal events and the Omeprazole resolves the issue, however the request lacked frequency of the medication for the injured worker. Given the above, the request for Omeprazole 20 mg # 60 is not medical necessary.