

<b>Case Number:</b>	CM13-0030807		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with a date of injury of 10/19/2012. The listed diagnoses per [REDACTED] are: Intervertebral disk disorder with myelopathy, cervical region, C3-C4, C5-C6, and C6-C7 3 mm; Thoracic spine sprain/strain; Intervertebral disk disorder with myelopathy, lumbar region at L4-L5 and L5-S1 with broad-based disk bulge at L2-L3; Sprain/strain of shoulder, bilateral; Sprain/strain, bilateral wrist; Numbness in bilateral arms and legs; Insomnia. According to progress report 09/09/2013 by [REDACTED], the patient presents with pain at the neck, bilateral shoulders, back, bilateral hands, head, and bilateral legs. On a numerical scale, the patient rates her pain at 5-6/10. The patient reports that her pain is worsening. The patient also complains of difficulty falling asleep due to pain, headaches, symptoms of depression, and numbness. The patient is taking Motrin 600 mg and is currently receiving chiropractic treatment, which have been helpful. The treating physician is recommending the patient continue medications and is requesting a refill of Ibuprofen 600 mg, Omeprazole 20 mg, Soma 350 mg, and Dendracin lotion. Utilization review denied the request for Omeprazole 20 mg #30 and the Dendracin topical lotion on 09/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69) Page(s): 69.

**Decision rationale:** The medical file provided for review indicates the patient has been taking Omeprazole 20 mg since at least 07/18/2013. It appears the patient has been concurrently taking Ibuprofen but there are no discussions regarding GI issues. The MTUS Guidelines state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is 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. In this case, the physician does not discuss why this medication is being prescribed. There is no documentation indicating dyspepsia or any GI issues. Routine prophylactic use of proton-pump inhibitors (PPIs) without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. As such, the request is not medically necessary.

**DENDRACIN (MEHTYL/SALICATE/BENZOCAINE/MENTHOL LOTION) 120ML #1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** Dendracin lotion is a compound topical cream that includes Methyl Salicylate 30%, Capsaicin 0.025%, and Menthol 10%. The MTUS Guidelines states the following regarding topical creams: Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended for use. Furthermore, topical NSAIDs, in this case Salicylate, is only recommended for peripheral joint arthritis and tendinitis pain. This patient does not present with such diagnosis and suffers from chronic neck and back pain. As such, the request is not medically necessary.