

Case Number:	CM13-0068660		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2013
Decision Date:	05/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine, 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 32 year old male, employee of [REDACTED]. He is complaining of pain over his neck, right arm, and lower back. Injured at work last May 25, 2013 while trying to lift a heavy container. He submitted a request for Omeprazole 20MG #60 and Methoderm Ointment. Treatment to date includes: NSAIDs, opioids, chiropractic sessions, home exercises, and back bracing. Utilization review from November 26, 2013 revealed non-certification of Omeprazole 20MG and Methoderm Ointment. Reason for non-certification are lack of evidence indicating that the patient is suffering or is at high risk for developing gastrointestinal reflux and peptic ulcer disease, and that the patient cannot tolerate oral medications. There is also an issue regarding the efficacy and safety of use of topical analgesics. Progress notes from 2013 revealed that the patient complained of persistent neck, right arm, and lower back with radicular symptoms pain graded 7-8/10 that is aggravated by usual activities. Physical examination showed cervical and lumbosacral paraspinal muscle spasm with tenderness over the trapezius and supraspinatus muscles, back flexion and extension 20-30%, neck extension 50-60%, and bilateral shoulder abduction 100-110 degrees. Progress notes did not indicate the following patient's response to medication, prior Omeprazole and Methoderm use, any symptoms that may be attributed to the gastrointestinal system, and history of peptic ulcer disease or gastritis. The current status of the patient regarding continued medication intake and potential abdominal findings are unknown. No progress notes dated 2014 are included in the patient's file.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. The Chronic Pain Medical Treatment Guidelines indicates the use of prophylaxis with proton pump inhibitors and/or H2 Antagonists is recommended only in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years or age; and those with history of peptic ulcer. In this case, the patient has been using Omeprazole as early as September 2013. The medical records reviewed do not provide any evidence that the patient has a history consistent with a gastrointestinal disorder, a history of peptic ulcer disease, concurrent use of corticosteroids and/or anticoagulants, and use of high dose NSAIDs. The patient is 32 years old and his current status is unknown. Therefore, the request for Omeprazole 20MG is not medically necessary.

MENTHODERM OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS §9792.24.2 Page(s): 105,111,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Salicylate Topicals.

Decision rationale: Methoderm contains Methyl Salicylate and Menthol. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Salicylate topicals are significantly better than placebo in chronic pain. ODG Pain Chapter states that topical pain relievers that contain Menthol and Methylsalicylate may in rare instances cause serious burns. In this case, Methoderm was first prescribed in November 2013 to help alleviate the patient's chronic pain. However, the documentation did not provide a concise assessment of efficacy. Therefore, the request for Methoderm is not medically necessary.