

Case Number:	CM14-0000200		
Date Assigned:	01/17/2014	Date of Injury:	02/28/2013
Decision Date:	04/22/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/27/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 33 year-old with a date of injury of 02/28/13. A progress report associated with the request for services, dated 11/13/13, identified subjective complaints of neck pain radiating into primarily the left upper extremity. There was associated numbness and difficulty with grip. Medications are reported to decrease her pain and improve activities-of-daily living. Objective findings included tenderness to palpation of the cervical spine and decreased range-of-motion. There was also tenderness of the lateral left elbow. Diagnoses included cervical disc disease, chronic myofascial pain, and lateral epicondylitis. Treatment has included acupuncture, TENS, NSAIDs, and topicals for more than several months. A Utilization Review determination was rendered on 12/23/13 recommending non-certification of "ketoprofen 75mg 1 po bid; omeprazole 20mg 1 po bid; menthoderm 120ml".

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120ml: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Low Back: Topical

Decision rationale: Methoderm is a combination topical consisting of methylsalicylate and menthol. The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Methylsalicylate is a non-steroidal anti-inflammatory being used as a topical analgesic. The Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. Menthol is a topical form of cooling. The Medical Treatment Utilization Schedule (MTUS) does not specifically address menthol as a topical analgesic. However, at-home applications of local heat or cold to the neck are considered optional. The Official Disability Guidelines (ODG) state that Biofreeze (menthol) is recommended as an optional form of cryotherapy for acute pain. There is no recommendation related to the use of menthol for chronic pain. In this case, there is documentation of chronic pain not completely responsive to other therapies. The non-certification was based upon lack of a trial of antidepressants and anticonvulsants, but that recommendation is for neuropathic pain. The topical ingredients are recommended at least for acute pain and a study found significant pain reduction after each week of treatment. Therefore, there is documented medical necessity for Methoderm cream.

Omeprazole 20mg 1 po bid: Upheld

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

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

Decision rationale: Prilosec (omeprazole), a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease.

Ketoprofen 75mg 1 po bid: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: Ketoprofen is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. The record indicates that the therapy is long-term rather than for a short period. The original non-certification was based upon the long-term use of the NSAID and the use of acetaminophen as a first-line agent. It was partially certified. The MTUS states that acetaminophen and NSAIDs are recommended as first-line therapy in low back pain. In this case, the record documents improvement in pain and activities-of-daily living from the medication. Therefore, there is documented medical necessity for Ketoprofen.