

Case Number:	CM14-0008565		
Date Assigned:	02/21/2014	Date of Injury:	08/20/2009
Decision Date:	07/14/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 37-year-old female 8/20/09 date of injury when she was kicked by a 17-year-old male while working. In a progress report dated 9/30/13 she stated that she is still having pain in her entire back. Subjective findings include burning sensations in both legs, pelvic girdle area pain, and intermittent incontinence. Objective findings were negative except for the systems associated with the injury. Diagnostic impressions: cervical sprain, lumbar sprain, anxiety and stress, depression, insomnia, sexual insufficiency, gastritis, hypertension, lumbar disc bulge, incontinence of urine Treatment to date: medication management, activity modification A UR decision dated 12/17/13 denied the request for Medrox. The MTUS section of the CA Labor Code advises that if any component of a topical compounded preparation is not recommended, the entire compounded topical preparation. Medrox is a topical preparation containing methyl salicylate 20.00%, menthol 5.00%, capsaicin 0.0375%. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Therefore, this compounded medication was not medically necessary based on the MTUS and absent documentation of medical necessity to justify capsaicin in a 0.0375% formulation. The request for Prilosec was denied because the claimant is not taking an NSAID, therefore the necessity for this medication is not apparent. In a progress note dated 11/25/13 the patient was prescribed tramadol, which was described to be a NSAID. However tramadol is not an NSAID and there is absent evidence to document significant gastrointestinal risk with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation (ODG) (Pain Chapter); Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. However this patient was documented to have a diagnosis of gastritis on 11/25/13. Guidelines support the use of Prilosec in this setting. The request was submitted for Omeprazole 20mg #60. Therefore, the request for Prilosec was medically necessary.

MENTHODERM / MEDROX GEL: 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.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentherm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding Medrox, a search of online resources identify Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. There is no clear rationale for using this medication as opposed to supported alternatives. Mentherm and Medrox are 2 separate medications, and this request does not clearly specify which of these medications is being requested. Additionally, guidelines do not support capsaicin in a 0.0375% formulation for topical application, as Medrox contains. Therefore the request for Mentherm/Medrox Gel was not medically necessary.

