

<b>Case Number:</b>	CM14-0013479		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of July 8, 2012. A progress report dated January 2, 2014 identifies subjective complaints of right ankle pain radiating to the right leg associated with tingling and weakness. The pain has decreased with medication, sitting, lying down, and relaxing. The note indicates that the patient is not currently taking any medications. Physical examination identifies tenderness over the right lateral ankle with normal range of motion and no crepitus. Strength measuring 5/5 is noted throughout the lower extremities with normal sensation. The diagnosis is right ankle sprain. The treatment plan recommends imaging studies for consideration of a therapeutic injection as well as a request for all previous medical treatment records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20 MG #60:** Overturned

**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 Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) therapy or for patients at risk for gastrointestinal (GI) events with NSAID use. The Guidelines go on to state that patients on high-dose NSAIDs should be placed on GI prophylaxis. Within the documentation available for review, the requesting physician has recommended placing the patient on naproxen 550 mg 2 times per day. This is a high dose of naproxen. Therefore, the use of concurrent GI prophylaxis is in accordance with guidelines. As such, the currently requested Prilosec 20 mg #60 is medically necessary.

**MENTHODERM TOPICAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** Regarding the request for Methoderm, this topical compound is a combination of methyl salicylate and menthol. Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Methoderm. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Methoderm is for short term use, as recommended by guidelines. Finally, the concurrent use of 2 NSAIDs (one topical and one oral) increases the risk of complications from this class of medicines. As such, the currently requested Methoderm Topical is not medically necessary.