

Case Number:	CM14-0016609		
Date Assigned:	04/11/2014	Date of Injury:	08/02/2010
Decision Date:	05/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 60-year-old male who sustained injury on 08/02/2010 to multiple body parts as a result of cumulative trauma. Treatment history includes L2-3 decompression and fusion, bilateral carpal tunnel release, physical therapy, and medications. EMG of lower extremities was negative. Medications prescribed on 06/09/2013 include Dendracin lotion, Neurontin 600 mg, Protonix for GI prophylaxis, Theramine, and GABAdone. Medications prescribed on 07/11/2013 include Ultram ER 150 mg, Dendracin lotion, Neurontin 600 mg, Protonix for GI prophylaxis, Theramine, and GABAdone. Medications prescribed on 08/12/2013 include Ultram ER 150 mg, Dendracin lotion, Neurontin 600 mg, and Protonix for GI prophylaxis. Medications prescribed on 09/16/2013 include Ultram ER 150 mg, Mentoderm Gel 120 mg, Neurontin 600 mg, and Protonix for GI prophylaxis. Medications prescribed on 11/11/2013 include Ultram ER 150 mg, Mentoderm Gel 120 mg, Neurontin 600 mg, and Protonix for GI prophylaxis. A progress report dated 01/10/2014 indicates patient presented with complaint of low back pain. Patient has a grade 2 spondylolisthesis of L4 over L5 and quite a bit instability. Awaiting authorization for surgical intervention. Lower extremity examination shows that plantar flexors and dorsiflexors are weak and rated 4/5 bilaterally. Sensation was decreased at the level of L4 and L5 bilaterally. Patient can forward bend only about 30 degrees and extend with extension jog. Waddell's sign is absent. Treatment plan: Patient states the medications are helping him and therefore refilled Ultram ER 150 mg, Norco 2.5/325 mg for severe back pain, Mentoderm Gel 120 mg, Neurontin 600 mg, and Protonix 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM GEL 120 GRAMS: 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): 111-112.

Decision rationale: The Expert Reviewer's decision rationale: According to the CA MTUS guidelines, Menthoderm gel (a topical non-steroidal anti-inflammatory drug) is not recommended for pain with neuropathic origin, as there is no evidence to support it's use. The medical report dated 01/09/2014 documents that the patient is suffering from chronic back pain with the failure of long-term conservative measures, which correlate with the diagnosis of lumbar and cervical disc herniation with radiopathic pain. Moreover, the records do not document any other underlying pathology that recommends the use of topical NSAIDs. Therefore, the medical necessity for Menthoderm gel has not been established according to the guidelines.

PROTONIX 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gi Symptoms And Cardiovascular Risk Page(s): 68.

Decision rationale: The Expert Reviewer's decision rationale: According to CA MTUS, Protonix (Pantoprazole); a proton pump inhibitor that is recommended for patients at risk for gastrointestinal events. Risk factors for gastrointestinal events 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 NSAID (e.g., NSAID + low-dose ASA). The medical records do not document that the patient is at risk for GI events. Therefore, Protonix is not medically necessary according to the guidelines.