

Case Number:	CM14-0117317		
Date Assigned:	08/06/2014	Date of Injury:	06/02/2008
Decision Date:	09/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 71-year-old gentleman with a date of injury of 06/02/2008. Office visit notes by [REDACTED], dated 05/14/2015 and by [REDACTED] dated 07/14/2014 identified the mechanism of injury as cumulative years of standing resulting in pain in both feet. Submitted and reviewed documentation indicated the worker was experiencing pain in the bottom of both feet that went into the toes and numbness and tingling in both feet. Documented examinations consistently described tenderness in the balls and at the calcanea of both feet. The reviewed records concluded the worker was suffering from foot pain and plantar fasciitis. Recommended treatments included continuing the oral and topical pain medications, continuing the home exercise program, and starting then continuing acupuncture. A Utilization Review decision by [REDACTED] was rendered on 07/18/2014 recommending non-certification for omeprazole 20mg #60 and dendracin neurodendraxcin lotion 120g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

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 NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-

MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Omeprazole: Drug Information. Topic 9718, version 132.0. UpToDate, accessed 09/17/2014.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach, and as part of treatment a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing pain in the bottom of both feet that went into the toes and numbness and tingling in both feet. The reviewed records concluded the worker was suffering from foot pain and plantar fasciitis. There was no suggestion the worker was prescribed an oral NSAID, an oral NSAID was being considered, had signs or symptoms of a condition this medication is used to treat, or had a prior diagnosis of such a condition. In the absence of such evidence, the current request for omeprazole 20mg #60 is not medically necessary.

Dendracin Neurodendracin lotion 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dendracin neurodendracin, Physician's Science and Nature, Inc website. Accessed 09/17/2014. <http://www.physicianscience.com/>.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Dendracin Neurodendracin is a topical compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methyl salicylate 30%) and general pain reliever (menthol 10% and capsaicin 0.025%) classes. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis. Use is restricted to several weeks because benefit decreases with time. However, the submitted and reviewed documentation indicated the worker had already been using this compound for at least two months. In addition, topical menthol is not recommended by the MTUS Guidelines. There was no discussion of sufficient extenuating medical circumstances that would require the use of this compound. In the absence of such evidence, the current request for Dendracin Neurodendracin 120g is not medically necessary.