

Case Number:	CM14-0137861		
Date Assigned:	09/05/2014	Date of Injury:	04/24/2012
Decision Date:	11/05/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and shoulder pain reportedly associated with an industrial injury of April 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; earlier lumbar spine surgery; and earlier knee surgery. In a Utilization Review Report dated August 19, 2014, the claims administrator failed to approve request for Methoderm, approved a request for Cyclobenzaprine, and denied a request for Omeprazole. The applicant's attorney subsequently appealed. In a progress note dated May 15, 2014, sparse, handwritten, difficult to follow, not entirely legible, the applicant reported 5-7/10 multifocal shoulder, low back, and knee pain. The note employed preprinted checkboxes and contained little-to-no narrative commentary. The applicant was having difficulty performing activities of daily living including bending and forceful lifting, it was suggested. Limited lumbar range of motion was noted. Acupuncture was sought. The applicant was given unspecified work restrictions. It did not appear that the applicant was working with said unspecified limitations in place. On August 12, 2014, the applicant had to pursue another epidural steroid injection. Unspecified medications were again refilled. 4 to 7/10 multifocal pain complaints were noted. The applicant did not appear to be working. In a pain management consultation dated June 17, 2014, it was acknowledged that the applicant had been terminated by his former employer over one year prior. It was incidentally noted on this date that the applicant had a negative digestive review of systems.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Mentherm (Methyl Salicylate 15%/Menthol 10%) Gel 360 gm #1 Refill: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 7, 105.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentherm are recommended in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider's handwritten progress notes contained no discussion of medication efficacy. The fact that the applicant remained off of work, on total temporary disability, was having difficulty activities of daily living as basic as bending and lifting, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentherm. Therefore, the request is not medically necessary.

Omeprazole 20 mg #30 Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Mentherm are recommended in the treatment of NSAID-induced dyspepsia, in this case, however, the handwritten progress notes on file contained no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. It fact, it was specifically noted on an office visit of June 17, 2014 that the applicant had no symptoms of dyspepsia on that date. Therefore, the request is not medically necessary.