

Case Number:	CM14-0150121		
Date Assigned:	09/18/2014	Date of Injury:	06/26/2014
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 38-year-old female with a reported injury on 06/26/2014. The mechanism of injury was not listed in the records. The injured worker's diagnoses included lumbar sprain/strain, sacral or thoracic neuritis or radiculitis, and myofascial pain. The injured worker's past treatments included pain medication, home exercise program and a TENS unit. There were no diagnostic imaging studies submitted for review. There is no relevant diagnostic imaging studies submitted for review. The injured worker's surgical history was not noted in the records. The subjective complaints on 09/12/2014 included pain to the low back rated 5/10. The objective physical exam findings noted decreased range of motion to the lumbar spine and pain that traveled upward to the neck and head. The injured worker's medications included naproxen and omeprazole. The treatment plan was to continue home medications and continue home exercise and continue TENS. A request was received for retro omeprazole 20 mg, retro Menthoderm 120 ml, and retro naproxen 550 mg #60. The rationale was to decrease pain and inflammation. The request for authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend omeprazole for patients taking NSAIDs who are shown to be at increased risk for gastrointestinal events or who have complaints of dyspepsia related to NSAID use. The notes do not document that the injured worker has dyspepsia related to NSAID use. Additionally, there was no documented evidence that she is at risk for gastrointestinal events. As there is no documentation that the injured worker has dyspepsia or is at risk for gastrointestinal events, the request is not medically necessary.

Retro Mentherm 120ml #1: 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 California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Mentherm ointment contains methyl salicylate 15% and menthol 10%. The guidelines also state that topical salicylates were noted to be significantly better than placebo for chronic pain. The injured worker has chronic low back pain; however, the clinicals do not document a specific reason why menthol 10% would be required in addition to methyl salicylate 15%. Furthermore, it is not noted in the clinical documentation that the injured worker has tried and failed traditional methyl salicylate as monotherapy. As such, the request is not medically necessary.

Retro Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for retro naproxen 550 mg #60 is not medically necessary. The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The guidelines also state that for acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen has been tried. The patient has chronic low back pain. There is lack of documentation that acetaminophen has been tried and failed as a first line therapy before

prescribing naproxen. In the absence of the trial of first line therapy, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.