

<b>Case Number:</b>	CM14-0159820		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/27/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 injured worker is a 55-year-old female who sustained work-related injuries on June 27, 2007. Per August 16, 2014, the injured worker reported that she has persistent episodes of depression and anxiety. She also complained of constant neck pain that was sharp, throbbing, and stabbing in nature and was exacerbated by repetitive movements of the head and neck and by use of the upper extremities. Pain was mostly located along the back of the neck and posterior scalp region. She also noted difficulty and increased pain when rotating her side to either side. Pain radiates from the neck and traveled down into both upper extremities with complaints of associated sensations of pins and needles into both upper extremities. Urine drug screening test dated September 17, 2014 noted the injured worker is negative for prescription medications. She was diagnosed with (a) upper extremities osteoarthritis, (b) cervical spine musculoskeletal sprain/strain, (c) depression, and (d) hypertension (recent diagnosis).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Menthoderm Ointment 120gm DOS 8/16/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Capsaicin, topical (chili pepper/ cayenne pepper)

**Decision rationale:** According to evidence-based guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methoderm gel is composed of methyl salicylate and menthol as part of its active ingredients. Although the methyl salicylate component is supported by evidence guidelines, the menthol part is not and has been documented to cause serious burns, a new alert from the Food and Drug Administration. Since one of the components of this compounded medication is not recommended and has no evidence-based research support specifically menthol therefore the medical necessity of the requested Methoderm Ointment 120g is not established.

**Retrospective Omeprazole 20mg #90 DOS: 8/16/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

**Decision rationale:** According to evidence-based guidelines a proton-pump inhibitor (e.g. Omeprazole) may be provided as a prophylaxis or as a treatment if the injured worker is at risk for gastrointestinal events or if on non steroidal anti-inflammatory drug therapy. In this case, the provided records do not indicate that she meets the criteria presented by evidence-based guidelines to warrant the certification of omeprazole. Therefore, the request is not medically necessary and appropriate.