

Case Number:	CM14-0164273		
Date Assigned:	10/09/2014	Date of Injury:	11/10/2008
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 & Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio & West Virginia. 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:

Individual is a 43 year old female with an 11/10/08 date of industrial injury. Diagnosis includes; right thumb tenosynovitis and CMC synovitis, right shoulder subacromial impingement, right epicondylitis, and right carpal tunnel syndrome. She had an arthroscopic decompression surgery on her right shoulder in July 2009. She has completed occupational therapy and physical therapy in 2014. Her last MRI of the right elbow and right shoulder were in 2012: report was not included in her records. She has had an EMG in 2010 but the report also was not included. It is noted in her available medical records that the EMG report was normal. Physical exam done 5/29/14 notes that this individual is using a home TENS unit for pain control the she is tender over the medial lateral elbow on the right and she has a positive Tinel's sign and a positive Phalen's test on the right. According to this note, the individual is currently working full duty. There is a request for Menthoderm 120g and Voltaren 100 mg #60 for pain control and Omeprazole 20mg for prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective- Menthoderm Ointment 120g: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams

Decision rationale: Methoderm is the brand name version of a topical analgesic containing methyl salicylate and menthol. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." Her injury was in 2008, and her pain is not acute. It is not recommended for long term chronic pain. Her physician has also not charted a failure of first line anticonvulsants and antidepressants. Therefore, retrospective Methoderm 120g is not medically necessary.

Retrospective- Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The reports do not specify specifically why Omeprazole is being prescribed. The medical documents provided do not establish the individual as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. She is currently taking an NSAID, Voltaren, but does not appear to be at an increased risk for gastrointestinal side effects, because she doesn't appear to have any GI problems. As such, the request for retrospective Omeprazole 20mg quantity 60 is not medically necessary.

Retrospective- Voltaren 100mg #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): 67-71.

Decision rationale: Based on California treatment guidelines, NSAIDS should be used at the lowest dosage possible for the shortest period of time. In general, a trial and fail of Tylenol is recommended at first line before trying NSAIDS. The individual has been taking Voltaren since at least 2012. Voltaren 100mg given once daily is recommended, per the MTUS, for chronic maintenance therapy. However, it does not recommend a twice daily dosing of Voltaren, which is the current prescribed dosage for this individual. As written, Voltaren 100mg #60 is deemed not medically necessary.