

Case Number:	CM14-0164397		
Date Assigned:	10/09/2014	Date of Injury:	03/14/2014
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old male who was injured on 3/14/2014 after falling. He was diagnosed with osteoarthritis of the bilateral knee and hip, left shoulder sprain, bicipital tenosynovitis, and bilateral shoulder osteoarthritis. He was treated with physical therapy, Motrin, opioids, topical analgesics, TENS unit, and modified duty. Motrin had been stopped due to concern of developing ulcers and bleeding, as reported by the worker to his provider. He also had a medical history significant for hypertension. On 9/23/2014, the worker was seen by his primary treating physician complaining of bilateral shoulder rated at 4/10 on the pain scale and knee pain rated at 7/10 on the pain scale. Physical examination was significant for tenderness of the left knee joint line and retropatellar space as well as +1 effusion of the left knee. He was then recommended to continue restrictions at work and take Prilosec, Methoderm, and Fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel 120gm #1: Upheld

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

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

Decision rationale: Methoderm is a topical analgesic product which includes the active ingredients, methyl salicylate and menthol. The MTUS Chronic Pain Guidelines state that salicylate topicals, including methyl salicylate, are recommended as they are significantly better than placebo in chronic pain. However, continuation requires evidence of functional benefit with its use. The worker had been using this medication chronically before this request, however, there was no report found in the documents available for review of its benefit on reducing the workers pain or improving his function with its use. Therefore, the Methoderm is not medically necessary.

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 GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an non-steroidal anti-inflammatory drugs (NSAIDs), the patient would need to display intermediate or high risk for developing a gastrointestinal (GI) event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence found in the documents available for review that he was at intermediate or high risk of a gastrointestinal event. He was recommended to take Fenopufen 400 mg; however, this alone isn't sufficient to justify chronic use of Prilosec. Therefore, the Prilosec is not medically necessary.

Fenopufen calcium 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In this case, the injured had used Motrin, but stopped it due to concern for the risks with ulcers and bleeding. The worker has a history of hypertension. Therefore, chronic use of this medication would be relatively contraindicated. There was no evidence that the worker had tried and failed other medications such as acetaminophen. Therefore, Fenopufen is not medically necessary.

