

<b>Case Number:</b>	CM14-0164439		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/15/2004
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal 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 patient is a 52 years old female with her injury on 7/15/04. Her diagnoses were cervical radiculopathy and myofascial pain, bilateral medial epicondylitis, bilateral shoulder impingement, and multiple surgeries to the hand and elbows. On 8/4/14 she complained of pain at the base of her neck and radiating into her upper extremities associated with weakness, tingling, and numbness. She was noted to have decrease in ROM. She also complained of leg pain. Surgery had been recommended but she wanted to have pain control instead. She was referred to a pain specialist and was noted to be on Norco, Lyrica, Prilosec, Restoril, Cymbalta and psychiatric treatment for depression. She had previously been treated with such modalities as PT, injections, and surgeries. A request for Prilosec and Methoderm ointment were refused by the UR committee. In the patients past history, there is no mention of ulcer disease, GERD, or any other GI disease which is usually associated with the use of Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm Ointment Gel 120 Gram:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines med section Page(s): 105 and 111.

**Decision rationale:** It is noted in the MTUS that topical pain medication use is largely experimental and lack randomized controlled trials. They are mostly used for neuropathic pain after trials of antidepressants and anticonvulsants have been tried. The medicine is applied locally and lacks systemic side effects, drug interactions, and need to titrate dose. Many are compounded from different medicines. The effects of each component must be known and if there is one compound not recommended in the mixture the entire compounded medicine cannot be recommended. We note that the specific medication methoderm contains both 10% menthol and 15% methyl salicylate. The MTUS does note that Ben Gay contains methyl salicylate and is a recommended medicine for topical use and that it is better than placebo for chronic pain treatment. We also note that the methyl component is a local anesthetic and is found in over the counter regimens as a throat counterirritant. Therefore, in this patient we have already instituted the use of antidepressant and anticonvulsant treatments and the pain is neuropathic in origin. One component is recommended for chronic pain and the other seems not to have any contraindications. Therefore, in this patient with chronic pain we need to authorize its use. Therefore, the request is medically necessary.

**Omeprazole 20 MG 1 by mouth per Day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines med section Page(s): 68 and 69.

**Decision rationale:** Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. In the above patient we note that there is no history of a GI event or symptoms that would make the patient a risk in need of Prilosec treatment. We also note that the patient is not being given any NSAID medication. Therefore, the request is not medically necessary.