

Case Number:	CM14-0167798		
Date Assigned:	10/15/2014	Date of Injury:	07/12/2011
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/11/2014

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 claimant was injured on 07/12/11. Menthoderm and Omeprazole are under review. These medications have been prescribed on multiple occasions and were prescribed on 05/03/14. On both dates, he reported continued neck, right shoulder, and the low back pain. His low back was the most painful location. He was using TENS every day with pain relief and was taking medications as needed. His stomach was better with Omeprazole. He was diagnosed with cervical degenerative disc disease, right shoulder strain, lumbar strain with radiculopathy and myofascial pain and also has a history of seizures. The Omeprazole, TENS patches, and Menthoderm were refilled and Lidopro ointment was discontinued. He was on medication for seizures, also.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120mg 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Mentherm 120 mg, 4oz, instructions unknown. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence of failure of all other first line drugs. The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." The claimant's history of trials of other first line drugs, local modalities such as ice and heat, and exercise and his response to them have not been described in the file. It is not clear what benefit may be anticipated from the use of a topical medication in this case. There is no description of objective measurable or functional benefit to him from the ongoing use of this medication. The medical necessity of this request for Mentherm 120 mg, 4 oz. instructions unknown has not been clearly demonstrated.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Omeprazole 20 mg #60. The MTUS state regarding PPIs "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 (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The indication for the use of this medication has not been clearly described and none can be ascertained from the records. The claimant's history of gastrointestinal complaints or diagnoses has not been described in these records. The medical necessity of this request for Omeprazole 20 mg. frequency unknown, has not been clearly demonstrated.