

<b>Case Number:</b>	CM14-0168570		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 35 year-old male with a date of injury of January 16, 2012. The patient's industrially related diagnoses include musculoligamentous sprain of the lumbar spine, herniated disc of the lumbar spine at L3-4, L4-5, L5-S1, left S1 radiculopathy, and status post L4-5 laminectomy and discectomy on 8/24/2012. The disputed issues are Keratek gel 4oz and Omeprazole 20mg #60. A utilization review determination on 9/23/2014 had non-certified the request for Omeprazole and partially certified the request for Keratek. The stated rationale for the denial of Omeprazole was: "In this case, the claimant is taking Omeprazole which helps with the claimant's indigestion. However, there is no evidence of objective functional gains supporting the subjective improvement. In addition, there is no documentation that the claimant is currently taking NSAID medication." The stated rationale for the partial certification of Keratek gel was: "In this case, with evidence of continued low back pain and stiffness that radiates down the left leg to the calf, medical necessity is established. Partial certification is recommended for prospective use of Keratek Gel 4oz times two months."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Keratek Gel 4oz (refill x 3) (1 x4):** 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): 105, 111-112.

**Decision rationale:** Keratek gel is a topical formulation consisting of Menthol and Methyl Salicylate. In regard to the request for Keratek gel, the Chronic Pain Medical Treatment Guidelines recommend topical NSAIDs for short-term use (4-12 weeks). The guidelines state that topical salicylate (methyl salicylate) is significantly better than placebo in chronic pain. However, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and it is not recommended for neuropathic pain as there is no evidence to support use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. In the progress reports for review, there is documentation that the injured worker was previously taking Naproxen but stopped taking it on 2/7/2014 due to stomach irritation (although he previously reported that the medication was helping a little with the pain). While Keratek can be recommended in the case of this injured worker, there is no evidence that this prescription is intended for short-term use as the request was made for Keratek gel 4oz with 3 refills. Unfortunately, there is no provision to modify the current request to allow for short-term use. The request for Keratek gel 4oz with 3 refills is not medically necessary.

**Prospective use of Omeprazole 20mg #60 (refill x 3) (1 x 4):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

**Decision rationale:** Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a 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)." In the progress reports available for review, the treating physician documented that the injured worker takes Omeprazole 20mg for indigestion. However, in the progress report dated 2/7/2014, Naproxen was discontinued due to stomach irritation and there is no further documentation that the injured worker is currently taking any other NSAID. There is also no other documentation indicating that the injured worker is at risk for gastrointestinal events. Based on the guidelines, there is no indication for a PPI for his industrial injury. Therefore, Omeprazole 20mg #60 with 3 refills is not medically necessary at this time.