

<b>Case Number:</b>	CM14-0172381		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 44-year-old male with a date of injury of 01/09/2014. The listed diagnoses per [REDACTED] are: 1. Lumbar spine L4-L5, 5.4 mm. 2. Left shoulder ID. According to progress report 10/02/2014, the patient presents with continued low back, left shoulder and left middle finger pain. Examination revealed tenderness and spasm in the lower back. Shoulder range of motion was decreased. The patient is to return to work on 11/06/2014. The treater is requesting a refill of omeprazole and ibuprofen 800 mg. He is also requesting Mentherm ointment 240 g to be applied daily. Utilization review denied the request on 10/13/2014. Treatment reports from 04/10/2014 through 10/02/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg 1-2 tab PO PRN for pain #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain - Acute exacerbations of chronic pain: NSAIDs Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories; MEDICATIONS FOR CHRONIC PAIN Page(s): 22; 60.

**Decision rationale:** This patient presents with low back, left shoulder and left middle finger pain. The treater is requesting a refill of ibuprofen 800 mg 1 to 2 tab p.o. p.r.n. for pain #60. For antiinflammatory medications, the MTUS Guidelines page 22 states, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." This patient has been taking ibuprofen since at least 05/08/2014. Review of subsequent reports does not provide discussion regarding this medication's efficacy. MTUS Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of this medication cannot be supported. The request for Ibuprofen 800mg 1-2 tab PO PRN for pain #60 is not medically necessary.

**Menthoderm Ointment 240gms, apply PRN #1 tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** This patient presents with low back, left shoulder and left middle finger pain. The treater is requesting Mentoderm ointment to be applied daily. Mentoderm gel contains menthol and methyl salicylate. The MTUS Guidelines page 111 allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. The medical records provided for review does not indicate that the patient has peripheral joint arthritis or tendinitis. This medication is not indicated for myofascial pain. The request for Mentoderm Ointment 240gms, apply PRN #1 tube is not medically necessary.

**Omeprazole 20mg 1 Cap BID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

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

**Decision rationale:** This patient presents with low back pain, left shoulder and middle finger pain. The treater is requesting a refill of omeprazole 20 mg #90. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request for Omeprazole 20mg 1 Cap BID #90 is not medically necessary.