

Case Number:	CM14-0021668		
Date Assigned:	05/05/2014	Date of Injury:	09/15/2009
Decision Date:	07/09/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 Utah. 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 38 year-old male with a date of injury of 9/15/09. The mechanism of injury was loading and unloading frozen foods from trailers with a forklift according to the clinical documents. The patient has been diagnosed with Reflex Sympathetic Dystrophy and ankle pain. The patient's treatments have included medications, physical therapy, e-stim and acupuncture. The physical exam findings showed a weakness on the right sides leg, with numbness and tingling noted in the right foot. The right foot appeared grossly normal. A limp was noted while examining the patient's gait. The patient was noted to have excessive pain with range of motion in the limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM GEL 120GM, #1: 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: The MTUS guidelines discuss compounded medications, stating that any compound that contains at least one drug (or class of medications) that is not recommended is

not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Menthoderm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Menthoderm is not medically necessary.

PROTONIX 20MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68, 69.

Decision rationale: In the clinical documents it is noted that the patient has a history of abdominal discomfort irritated by spicy food, lemons, and soda. The records also state that there is recurrent gastritis, as well as hematochezia, with etiology unclear. According to the clinical documents, there is evidence that he is at increased risk for gastrointestinal complications. According to MTUS guidelines, increased risk is defined as: (1) being over 65 years of age; (2) having a history of peptic ulcer, GI bleeding or perforation; (3) concurrently using ASA, corticosteroids, and/or an anticoagulant; or (4) taking high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Protonix is determined to be a medical necessity at this time.