

Case Number:	CM14-0029659		
Date Assigned:	04/04/2014	Date of Injury:	07/11/2008
Decision Date:	05/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 injured worker is a 54-year-old male who reported an injury on 07/11/2008. The mechanism of injury was that the injured worker fell from a scaffold 6 feet off the ground and fell on his back on some electric tubes. The injured worker's medication history included muscle relaxants as of 08/2013. The documentation of 11/13/2013 revealed that the injured worker's current medications included pantoprazole. The diagnosis was status post L4-S1 decompression and fusion, possible recurrent disc herniation and possible nonunion. The request was made for medications including Mentherm, Norco, Fexmid and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHODERM OINTMENT 120ML, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111-113.

Decision rationale: The MTUS Chronic Pain Guidelines indicate topical analgesics 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. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide the duration for the requested medication. There was a lack of documentation indicating that the injured worker had trialed and failed antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency. Given the above, the request for Menthoderm ointment 120 mL #1 is not medically necessary and appropriate.

PROTONIX 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The MTUS Chronic Pain Guidelines recommend proton pump inhibitors (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the duration that the injured worker had been on the medication. There was a lack of documentation of the efficacy of the medication as it was indicated that the injured worker was on the medication when he was seen for the appointment of 11/13/2013. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Protonix 20 mg #60 is not medically necessary and appropriate.