

Case Number:	CM14-0042038		
Date Assigned:	06/30/2014	Date of Injury:	08/19/2008
Decision Date:	09/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/08/2014

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:

This is a 30-year-old female with a date of injury of 8/19/08. The mechanism of injury was not noted. On 1/27/14, she complained of continued right wrist pain. One exam, there was tenderness over the dorsal aspect of the right wrist and radiocarpal joint. The patient was recommended to continue with anti-inflammatory medications and try a wrist splint for a month. The diagnostic impression is right dorsal wrist pain with extensor tendinitis. Treatment to date: medication management. A UR decision dated 3/24/14 denied Methoderm ointment and Omeprazole. The Methoderm was denied because guidelines state that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. Documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support the use of topical agents. The Omeprazole was denied because documentation does not describe current GI symptoms or treatment rendered thus far for GI symptoms such as dietary modifications, and documentation does not describe risk factors for GI bleed to warrant prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Ointment 120g, apply as directed up to four (4) times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J., Occupational medicine Practice Guidelines, 2nd Edition (2004) pp.264; <http://apgi.acoem.org/Browser/TreatmentSummary.aspx?tsid=153>; Official Disability Guidelines ODG-TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (See also body-part chapters for condition specific information, especially the Low Back Chapter-also see disclaimer) (updated 03/18/2014).

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

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of methyl salicylates, the requested Mentherm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. It is recommended that the Mentherm topical be modified to allow for an over-the-counter formulation. However, guidelines support the use of topical salicylates, stating that products such as BenGay is significantly better than placebo in chronic pain. Guidelines recommend that the Mentherm topical be modified to allow for an over-the-counter formulation. Therefore, the request for Mentherm Ointment 120gm, apply as directed up to four times a day is not medically necessary.

Omeprazole Dr 20mg #60 capsule: Overturned

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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: FDA Omeprazole.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient has been on Voltaren 100mg, an NSAID, taken once a day, and the Omeprazole 20mg taken twice a day since at least 12/2013. The guidelines support Omeprazole for use in patients on chronic NSAID therapy. Therefore, the request for Omeprazole Dr 20mg #60 capsules was medically necessary.