

Case Number:	CM14-0044636		
Date Assigned:	07/02/2014	Date of Injury:	01/16/2012
Decision Date:	09/23/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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:

According to the records made available for review, this is a 49-year-old female with a 1/16/12 date of injury, and status post left knee surgery 9/18/12 and status post right knee surgery 7/2/13. At the time (4/1/14) of request for authorization for retrospective: Menthoderm Ointment 120ml, date of service 3/24/14 and retrospective: Protonix pantoprazole 20mg, date of service 3/24/14, there is documentation of subjective (pain rated 8/10, neck pain and headaches, some low back pain) and objective (antalgic gait, positive cervical tenderness, right knee medial tenderness, cervical spine decreased range of motion about 20%) findings. The current diagnoses are cervical strain, diffuse bulge; left medial meniscus tear, status post-surgery 9/18/12, status post right knee surgery 7/2/13, and resolved right ankle sprain. The treatment to date includes physical therapy. Regarding the requested retrospective Menthoderm Ointment 120ml, date of service 3/24/14, there is no documentation of neuropathic pain and that trial of antidepressants and anticonvulsants have failed. Regarding the requested retrospective Protonix pantoprazole 20mg, date of service 3/24/14, there is no documentation of risk for gastrointestinal event and that Protonix is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Menthoderm Ointment 120ml, date of service 3/24/14: 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): 111.

Decision rationale: Medical Treatment Guideline identifies Mentherm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of cervical strain, diffuse bulge; left medial meniscus tear, status post-surgery 9/18/12, status post right knee surgery 7/2/13, and resolved right ankle sprain. However, there is no documentation of neuropathic pain and that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for retrospective: Mentherm Ointment 120ml, date of service 3/24/14 is not medically necessary.

Retrospective: Protonix pantoprazole 20mg, date of service 3/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The Official Disability Guidelines identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of cervical strain, diffuse bulge; left medial meniscus tear, status post-surgery 9/18/12, status post right knee surgery 7/2/13, and resolved right ankle sprain. However, there is no documentation of risk for gastrointestinal event and that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for retrospective: Protonix pantoprazole 20mg, date of service 3/24/14 is not medically necessary.