

<b>Case Number:</b>	CM14-0046906		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/12/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 57-year-old male with a 7/12/08 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/14/14, the patient complained of right lower extremity pain and minimal lumbar spine pain. He still had pain in the neck and right upper extremities. Objective findings: minimal cervical and lumbar tenderness, cervical spine ROM decreased about 30%, lumbar spine ROM decreased about 50%, negative Lhermitte's and positive Spurling's sign bilaterally. Diagnostic impression: disc herniation, C4-5 and C5-6; spondylosis C3/4; degenerative disc disease L4-5, L5/S1 spondylolisthesis. Treatment to date: medication management, activity modification, lumbar fusion surgery, physical therapy. A UR decision dated 4/2/14 denied the requests for Methoderm ointment, Protonix, and Fexmid. Regarding Methoderm, this product contains the same ingredients and dosages that are available in over the counter Bengay. The medical records do not establish that this patient has undergone and failed a trial of over the counter Bengay to indicate the need for this prescription compounded topical cream. Regarding Protonix, Protonix is not recommended as a first-line proton pump inhibitor. There is no indication that the patient has failed a first-line generic PPI such as omeprazole or lansoprazole to indicate the need for a second line PPI such as brand name Protonix. Regarding Fexmid, the medical records do not establish that this patient is having an acute exacerbation of his chronic low back pain. In fact, the most recent evaluation of 3/14/14 did not demonstrate evidence of spasm to warrant a muscle relaxant medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm (Methyl salicylate 15%, Menthol 10%) 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** The California MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. The medical records do not establish that this patient has undergone and failed a trial of over the counter Bengay to indicate the need for this prescription compounded topical cream. Therefore, the request for Menthoderm (Methyl salicylate 15%, Menthol 10%) 120ml was not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix)).

**Decision rationale:** The California 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. There is no documentation that the patient is currently utilizing NSAID therapy according to the most recent report reviewed, dated 3/14/14. In addition, there is no documentation that the patient is suffering from any gastrointestinal symptoms. Therefore, the request for Protonix 20 mg #60 was not medically necessary.