MAXIMUS Federal Services

Case Number:	CM14-0051775		
Date Assigned:	07/07/2014	Date of Injury:	10/02/2012
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/19/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 10/02/2012. The injury reportedly occurred when a heavy glass door slammed into her left great toe. She is diagnosed with extensor hallucis longus tendonitis. Her past treatments included Physical Therapy, Exercise, Medications, Corticosteroid Injections, and Topical Analgesics. On 02/06/2014, the injured worker presented with complaints of left lower extremity and foot pain, rated 1/10. Her physical examination revealed painful movements of the left foot, decreased range of motion, decreased motor strength to 4/5 in the left extensor hallucis longus and decreased sensation over the lateral and medial left foot. Her medications were noted to include Naproxen and Pantoprazole. The treatment plan included a prescription for Menthoderm Gel and medication refills. The rationale for the requested medications was not included in the medical records. The Request for Authorization form for these medications was also not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole Sodium Dr 20mg Tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request is not medically necessary: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with complaints of dyspepsia related to NSAID use or for patients taking NSAIDs who are noted to be at intermediate to high risk for gastrointestinal events. The documentation submitted for review indicated that the injured worker is utilizing an NSAID medication. However, there is no documentation indicating dyspepsia or increased risk for gastrointestinal events to support using the proton pump inhibitor. In addition, the request fails to include a frequency. For the reasons noted above the request is not medically necessary.

Retrospective Menthoderm Gel120gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

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

Decision rationale: The request is not medically necessary. According to the California MTUS Chronic Pain Guidelines, Topical Analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that if 1 drug in a compound medication is not recommended then the compound medication is not recommended. Many agents that are compounded for pain control including NSAIDs and local anesthetics have little to no research to support their use. The guidelines do indicate that topical salicylates have been found to be significantly better than placebo for chronic pain and are recommended. The injured worker was noted to have chronic pain however, her most recent note dated 02/06/2014 indicated that her pain was well controlled with Naproxen and her pain rating was noted to be 1/10. Therefore, the rationale for the addition of topical Menthoderm is not clear. In addition, while topical salicylates may be supported, documentation would need to indicate the necessity of the compounded product with Methyl Salicylate & Menthol over monotherapy. In addition, the request failed to provide a frequency or indicate the body part the requested medication is to be applied to. Based on the above, the request is not medically necessary.