

<b>Case Number:</b>	CM14-0068801		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury 01/16/2012. The mechanism of injury was not provided within the medical records. The Clinical Note dated 04/14/2014 indicated diagnoses of cervical strain diffuse bulge, left MM tear status post surgery dated 09/18/2012 and status post right knee surgery dated 07/02/2013. Right ankle sprain resolved and persistent right knee MM tear. The injured worker reported persistent knee pain of reported the pain was worse with all activity. Pain was 9/10 and was severe. The injured worker reported she had had multiple aspirations of the right knee. The injured worker reported she still had some neck and low back pain and headaches. The injured worker reported the pain was tolerable with medications and she needed refills. She had been working her usual job. On physical examination, the injured worker ambulated with an antalgic gait, was able to heel and toe walk bilaterally, the injured worker had tenderness to the cervical spine, and right medial knee tenderness. The cervical spine range of motion was decreased about 20%. The injured worker's treatment plan included second opinion request for right knee and refill medications. The injured worker's prior treatments include a diagnostic imaging surgery and medication management. The injured worker's medication regimen included Mentherm, Ultram, Protonix. The provider submitted a request for Mentherm and Protonix. A Request for Authorization dated 04/15/2014 was submitted for the Mentherm and the Protonix; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHODERM OINTMENT 120ML DISP 4/14/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylates Page(s): 111; 105.

**Decision rationale:** The request for Mentherm ointment 120 mL disp 4/14/14 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Mentherm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. There is lack of documentation of efficacy and functional improvement with the use of Mentherm. In addition, the injured worker continued to report her pain as 9/10. There is no indication that the use of Mentherm has resulted in diminished pain levels or functional improvement. Moreover, the request does not indicate a frequency or quantity for the Mentherm ointment. Therefore, the request for Mentherm ointment is not medically necessary.

**PROTONIX (PANTOPRAZOLE) 20MG #60 DISP 4/14/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITOR.

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

**Decision rationale:** The request for Protonix (pantoprazole) 20 mg #60 disp 4/14/14 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of non-steroidal anti-inflammatory drugs (NSAIDs) and a history of peptic ulcers. There is also a risk with long-term utilization of Proton-pump inhibitors (PPI) (> 1 year) which has been shown to increase the risk of hip fracture. There is lack of documentation of efficacy and functional improvement with the use of Protonix. In addition, documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding perforations or peptic ulcers. Moreover, the request does not indicate a frequency for this medication; therefore, the request is not medically necessary.