

Case Number:	CM14-0073699		
Date Assigned:	07/16/2014	Date of Injury:	01/24/2013
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/21/2014

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 49-year-old female with a 1/24/13 date of injury. The mechanism of injury occurred when she took the light rail train home from work and was assaulted by a 300 pound man. As a result, she sustained an injury to her upper back. According to a handwritten progress report dated 6/24/14, the patient complained of low back pain and left knee pain. Medications and TENS unit help with the pain. Objective findings: decreased ROM. Diagnostic impression: thoracic sprain/strain. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 5/7/14 denied the requests for Mentherm and Omeprazole. Regarding Mentherm, there is no documentation of the patient's intolerance to first-line therapy of antidepressants and anticonvulsants or similar medications to be taken on an oral basis. Regarding Omeprazole, there is no documentation of GI distress symptoms. Based on the currently available information, the medical necessity for this GI protective medication has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120 ml with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Topical analgesic creams or patches.

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 mental 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. A specific rationale was not provided as to why the patient cannot use an over-the-counter formulation. Therefore, the request for Mentherm 120 ml with 1 refill was not medically necessary.

Omeprazole 20mg QTY: 60.00 with1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines PPIs (non-steroidal anti-inflammatory drugs (NSAIDs)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

Decision rationale: 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. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. It is documented that the patient is utilizing Naproxen 550 mg. Guidelines support the use of omeprazole in patients currently on chronic NSAID therapy. Therefore, the request for Omeprazole 20mg QTY: 60.00 with1 refill was medically necessary.