

Case Number:	CM14-0076294		
Date Assigned:	07/18/2014	Date of Injury:	02/03/2012
Decision Date:	09/18/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/27/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year old gentleman was reportedly injured on February 3, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated April 18, 2014, indicates that there are ongoing complaints of low back pain, left shoulder pain, and wrist pain. The physical examination demonstrated tenderness of the right shoulder rotator cuff and decreased motion of the right shoulder with flexion to 75 degrees and abduction to 65 degrees, lumbar spine indicated tenderness along the paraspinal muscles with spasm, and decreased lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request was made for Omeprazole and Methoderm and was not certified in the preauthorization process on May 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), GI symptoms & cardiovascular risk Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the Medical Treatment Utilization Schedule (MTUS). Therefore, the request for Prilosec is not medically necessary.

Methoderm gel 360 MG: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Methoderm gel is a topical compound of menthol and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Methoderm gel is not medically necessary.