

<b>Case Number:</b>	CM14-0080261		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/24/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 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 46 year-old male who reported injury on 10/24/2006 due to unspecified cause of injury. The injured worker had a history of lower back pain with radiation to the lower extremities. The diagnoses included lumbar discogenic syndrome, lumbosacral or thoracic neuritis radiculitis, chronic pain, poor coping with chronic pain and disability, and chronic myofascial pain. No diagnostics available for review. The past treatment included TENS unit, home exercise program, and medications. No prior surgeries available for review. The medication included Vicodin, with a reported pain of 6/10 using the VAS. The objective findings dated 05/10/2014 revealed abnormal reflexes; normal gait; skin clean, dry, and intact; and oriented x3. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the Omeprazole and Menthoderm patch was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Omeprazole 20mg #60 DOS 5/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68, 69.

**Decision rationale:** The request for retrospective Omeprazole 20 mg #60 date of service 05/10/2014 is not medically necessary. The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical notes did not indicate any ulcer, perforation, or gastrointestinal issues, diagnosis or documentation. The request did not indicate the frequency. As such, the request is not medically necessary.

**Retrospective request: Menthoderm 120mg QTY: 1:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Retrospective Menthoderm 120mg QTY: 1 not medically necessary. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines do not recommend topical analgesics. Any compounded product that contains at least 1 drug or drug class that is not recommended, therefore it is not recommended. The request did not indicate frequency. As such the request is not medically necessary.