

<b>Case Number:</b>	CM14-0087045		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Internal 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:

The injured worker is a 48 year old male who sustained an injury on 07/15/11. The injured worker sustained open fractures of the left thumb interphalangeal joint with complex dorsal amputation. The injured worker is status post left thumb interphalangeal joint fusion with skin coverage of the wound. The injured worker had been recommended for additional physical therapy in January of 2014. The injured worker continued physical therapy through March of 2014. The injured worker was also evaluated for concurrent psychological complaints secondary to the injury. On 04/10/14, the injured worker reported improvement in right upper extremity symptoms with physical therapy. The injured worker was pending an evaluation for the cervical region. On physical examination, there was noted decreased range of motion in the cervical spine with paracervical tenderness to palpation. There was limited range of motion in the left index finger and thumb with decreased strength in the left hand. The injured worker was recommended to continue with physical therapy at this evaluation. Medications prescribed at this evaluation included Voltaren 100mg, Prilosec 20mg, Methoderm gel, and Tramadol ER 150mg utilized every 12 hours. The requested Methoderm gel 120 grams, Omeprazole, quantity 60, Tramadol ER 150mg, quantity 30, and Voltaren 100mg, quantity 60 were all denied by utilization review on 05/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm gel 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate.

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

**Decision rationale:** Mentherm gel contains Menthol and is available commercially over the counter without a prescription. It is unclear why the injured worker was being prescribed Mentherm. The clinical literature does not establish the efficacy of this medication for long term chronic musculoskeletal complaints. Given the absence of any clinical need for prescription Mentherm gel is not medically necessary.

**Omeprazole #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Furthermore, the request is not specific in regards to dose, frequency, or duration. This request is not medically necessary, given the lack of clinical indication for the use of a proton pump inhibitor.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In review of the documentation, there is no clear evidence of any functional benefit or pain reduction obtained with the use of this medication. Tramadol can be utilized as an option to address moderate to severe musculoskeletal complaints. Guidelines do recommend that there be ongoing assessments establishing the efficacy of this medication in terms of functional improvement as well as pain reduction. This request is not medically appropriate, as this is not clearly identified in the clinical records.

**Voltaren 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-68.

**Decision rationale:** The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain. Therefore, the request for Voltaren 100mg is not medically necessary.

