

<b>Case Number:</b>	CM14-0090265		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 patient is a 58 year old female with an 8/22/12 date of injury. Subsequent to a slip and fall she has developed chronic cervical discomfort. She has been treated with physical therapy and acupuncture. MRI studies have shown moderate foraminal stenosis on the left side of C3-4, C4-5. No central stenosis is reported. Mild diffuse degenerative changes are reported. No electrodiagnostic studies are reported. Prior orthopedic specialists have not recommended surgical intervention. Her new treating physician is dispensing the medications that are reviewed. There is no documentation of the patients specific use patterns or specific benefits. There is no documentation of GI risks. The records include an appeal from the treating Dr., but the appeal is generic and does not address any specific issues related to a denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm/Mentherm Ointment 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded medications.

**Decision rationale:** Mentherm ointment is Methyl Salicylate 15% and Menthol 10% which is exactly the same ingredients in over the counter topicals such as Ben-Gay. MTUS Guidelines supports the use of Methyl Salicylate as an over the counter topical. The ODG Guidelines provides additional details regarding what should be considered a medically legitimate compounded medication. The ODG Guidelines do not recommended this be considered a special compounded medication as it contains over the counter products. Use of over the counter products with Methyl Salicylate would not be problematic, however dispensing this as a special compounded blend is not Guideline recommended. The Mentherm is not medically necessary as a specially compounded medication.

**Ultram/Tramadol HCl ER mg x 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Therapeutic Trial; Tramadol, page(s) 76,77; 93,94 Page(s): 76, 77; 93, 94.

**Decision rationale:** The treating physician does not provide adequate documentation that meets Guideline standards for long term Opioid use. Tramadol is a hybrid Opioid and is to be treated as an Opioid. The MTUS Chronic Pain Guidelines state that to justify long term Opioid use there needs to be medical documentation of the patients specific use patterns, level of pain relief and functional benefits. The medical records do not include the necessary details. The Tramadol may be medically appropriate, but the treating physician does not provide adequate support to determine this and additional documentation could reverse this. At this time the Ultram/Tramadol HCl ER #60 is not medically necessary.

**Rotonix/Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** Protonix is a proton pump inhibitor and MTUS Chronic Pain Guidelines are very specific regarding the prophylactic use of proton pump inhibitors while using NSAID medications. Gastrointestinal risk factors are supposed to be evaluated for and the prophylactic use is only recommended for individuals and intermediate risk and higher. This is recommended due to the fact that proton pump inhibitors are not benign medications and long term use is associated with increased hip fractures, increase pulmonary infections and dysregulation of biological metals. At this point in time, the treating physician does not provide adequate documentation to meet Guideline standards. Additional specific information could change this. At this point in time the Protonix 20mg. is not medically necessary.