

Case Number:	CM14-0090553		
Date Assigned:	07/23/2014	Date of Injury:	01/15/2013
Decision Date:	10/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	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 Pain Management 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 61 year-old female who sustained work-related injuries on January 15, 2013. According to the records dated October 6, 2014, the injured worker has increased pain in the bilateral sacroiliac joints with controlled numbness to the legs. She has the same pain in the knee especially with prolonged walking. She also has pain in the cervical spine. A physical examination of the knee noted tenderness. Gaenslen's test and Fabere's tests were positive bilaterally. Spurling's maneuver was positive. Tenderness was noted over the sacroiliac joints. She is diagnosed with (a) chronic myofascial pain syndrome, (b) chronic cervical spine strain, (c) chronic lumbar spine strain, (d) bilateral sacroiliac pain, and (e) bilateral knee pain status post left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 70-73.

Decision rationale: The evidence-based guidelines indicate that anti-inflammatory medications are considered first-line treatment for musculoskeletal related conditions however long-term utilization may be not recommended and the lowest dose should be provided. In this case, evidence-based guidelines indicate that the lowest dosage for pain is 250-500 milligrams twice daily. The requested dosage is 550 milligrams twice daily (BID). It is unclear why a high dosage should be provided in contrast to the recommendations provided. Moreover, there are no provided quantitative measurements (e.g. pain score, visual analog scale [VAS] scores) presented in order to help compare and monitor the efficacy of the said medication with regard to the medical condition of the injured worker. Based on these reasons, the medical necessity of the requested Naprosyn 550 milligrams is not established.

Omeprazole 20mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to evidence-based guidelines a proton-pump inhibitor may provide as a preventive treatment or treatment per se if the injured worker is at risk for gastrointestinal events. In this case, the provided records does not indicate that she meets any of the criterion presented by evidence-based guidelines to warrant the certification of omeprazole and there is no indication or complaints of any gastrointestinal-related issues. Therefore, the medical necessity of the requested Omeprazole 20mg twice daily (BID) is not established.

Menthoderm 2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Capsaicin, topical

Decision rationale: According to evidence-based guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthoderm gel is composed of Methyl Salicylate and Menthol as part of its active ingredients. Although the Methyl Salicylate component is supported by evidence guidelines, the Menthol part is not and has been documented to cause serious burns, a new alert from Food and Drug Administration (FDA). Since one of the components of this compounded medication is not recommended and has no evidence-based research support specifically Menthol therefore the medical necessity of the requested Menthoderm 2 bottles is not established.