

<b>Case Number:</b>	CM14-0174238		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 43 year old patient with a date of injury of 06/13/2011. Medical records indicate the patient is undergoing treatment for lumbar facet arthropathy, right hip stage II avascular necrosis, right knee degenerative meniscus, sprain of the hip, thigh, knee and leg and sprain of the lumbar region. Subjective complaints include lumbar spine, right hip and right knee pain rated 6-7/10 without medications, 5/10 with medications, numbness and tingling of lower extremities, pain is increased with sitting, standing and walking. Objective findings include limited range of motion of right hip, mild paraspinal tenderness with impingement, positive right Kemps and negative straight leg raise on the right. Treatment has consisted of acupuncture, Omeprazole and Norco. The utilization review determination was rendered on 09/30/2014 recommending non-certification of Capsaicin patch #12 for lumbar, hip, thigh, knee and leg, Methoderm (Methyl Salicylate/Menthol) gel 360gm and Omeprazole 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin patch #12 for lumbar, hip, thigh, knee and leg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 is not recommended." MTUS recommends topical Capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, Official Disability Guidelines states "Topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." The treating physician has not provided medical documentation that suggests this patient is intolerant to oral treatment options. As such, the request for Capsaicin patch #12 for lumbar, hip, thigh, knee and leg is not medically necessary.

**Menthoderm (Methyl Salicylate/Menthol) gel 360gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 is not recommended." Mentoderm is the brand name version of a topical analgesic that contains Methyl Salicylate and Menthol. Official Disability Guidelines recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. Guidelines to recommend against compounded products that contain one drug or drug class that is not recommended. As such, the request for Mentoderm (Methyl Salicylate/Menthol) gel 360gm is not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** MTUS and Official Disability Guidelines states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The guidelines also state, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in the MTUS guidelines. As such, the request for Omeprazole 20mg #30 is not medically necessary.