

Case Number:	CM14-0181501		
Date Assigned:	11/06/2014	Date of Injury:	09/08/2007
Decision Date:	04/02/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 9/8/07. On 10/31/20014, the injured worker submitted an application for IMR for review of Ibuprofen 800mg #100, and Mentoderm 4-02, and Omeprazole 20mg #10. The treating provider has reported the injured worker complained of continued low back pain. The diagnoses have included lumbar sprain/strain, lumbalgia, lumbar intervertebral disc, lumbar spinal stenosis and sciatica. Treatment to date has included gym membership, TENS unit, medication. On 10/6/14 Utilization Review non-certified Ibuprofen 800mg #100, and Mentoderm 4-02, and Omeprazole 20mg #10. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication, Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with chronic back pain. The treater is requesting IBUPROFEN 800 MG QUANTITY #100. The RFA dated 08/01/2014, shows a request for ibuprofen 800 mg quantity #100. The patient's date of injury is from 09/08/2007, and she is currently off work. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed ibuprofen on 05/01/2014. None of the reports from 05/01/2014 to 08/27/2014 note medication efficacy as it relates to the use of Ibuprofen. Given the lack of documented functional improvement while utilizing Ibuprofen, the request IS NOT medically necessary.

Menthoderm 4-02: Upheld

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

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

Decision rationale: This patient presents with chronic back pain. The treater is requesting MENTHODERM 4-02. The RFA dated 08/01/2014 shows a request for Menthoderm ointment. The patient's date of injury is from 09/08/2007, and she is currently off work. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The records show that the patient was prescribed Menthoderm lotion on 08/01/2014. The patient does not present with osteoarthritis and tendinitis of the knee, elbow, and other joints to warrant the need for Menthoderm lotion. The request IS NOT medically necessary.

Omeprazole 20mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with chronic back pain. The treater is requesting OMEPRAZOLE 20 MG QUANTITY #10. The RFA dated 08/01/2014 shows a request for omeprazole 20 mg quantity #60. The patient's date of injury is from 09/08/2007, and she is

currently off work. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks 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-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed omeprazole on 05/01/2014. None of the reports from 05/01/2014 to 08/27/2014 note gastrointestinal events. In this case, it appears that the treater is prescribing omeprazole in conjunction with ibuprofen. Given that the MTUS Guidelines do not support the routine use of PPIs without documentation of gastrointestinal events, the request IS NOT medically necessary.