

Case Number:	CM14-0186219		
Date Assigned:	11/14/2014	Date of Injury:	03/14/2014
Decision Date:	01/15/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/08/2014

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 (IW) is a 45-year-old man with a date of injury of March 14, 2014. The mechanism of injury occurred when the IW was unloading a freight truck using a pallet jack. In an attempt to get the loaded pallet rolling, he pushed off the pallet with his legs and developed a sharp pain in his right knee. He also developed right and left shoulder pain, and bicep pain that radiated down his arm to his left elbow. The IW was referred for a course of physical therapy, which he did not find beneficial. He underwent injections of cortisone into both shoulders. MRI of the right shoulder dated July 2, 2014 revealed mild glenohumeral arthritic changes. The left shoulder demonstrated no impingement and no rotator cuff tear. There was mild acromioclavicular arthritis and localized tendinopathy of the long head of the biceps tendon. Pursuant to the most recent progress note dated September 26, 2014, the IW complains of pain in both knees. He has numbness in the right knee that is associated with activity. The knee occasionally swells for periods of 1 week. He reports numbness and swelling to the left knee as well, but has received no treatment. He describes left shoulder pain that is activity related. There is a popping sensation in both shoulders. He also describes symptoms in his left biceps. He describes and occasional "pull" in the anterior aspect of the left shoulder. Current medications include Omeprazole, Mobic, Menthoderm gel, and Allopurinol. The IW reports stopping Mobic due to concerns of developing ulcers and GI bleeding. Physical examination revealed negative Spring's test bilaterally. Lachman's sign and Pivotal sign are negative bilaterally. There is no instability noted. McMurray's sign is negative bilaterally. There was tenderness to palpation and localized tenderness to the bilateral shoulders. He has full extension to 120 degrees of flexion in both elbows. The IW was diagnosed with biceps tenosynovitis, osteoarthritis of the bilateral shoulders, and osteoarthritis of the bilateral knees and hip. The IW is using TENS unit which is helpful for pain control. The provider is recommending authorization for gym membership with

pool access for knee and shoulder strengthening. The provider prescribed Fenoprofen calcium 400mg, Methoderm gel, and Omeprazole 20mg at the September 26, 2014 office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS 9/23/14: Methoderm gel 120gm #1: 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service September 23, 2014, Methoderm gel 120 g one refill is not medically necessary. Methoderm contains menthol and methyl salicylate. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Menthol is not recommended. In this case, the treating physician requested Methoderm gel. Any compounded product that contains at least one drug (menthol) it is not recommended, is not recommended. Consequently, Methoderm gel is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective date of service September 23, 2014, Methoderm gel 120 g with one refill is not medically necessary.

Retrospective DOS 9/23/14: Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Omeprazole

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 date of service September 23, 2014 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated with non-steroidal anti-inflammatory drugs when the patient is at risk for certain gastrointestinal events. These risks include, but are not limited to age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids and/or anticoagulant; or high-dose/multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker was afraid of G.I. bleeding with the anti-inflammatory drug, Mobic. The treating physician, however, documented no side effects. It appears in the medical record the injured

worker stopped anti-inflammatory on his own. There were no co-morbid conditions or past medical history consistent with spectacles or disease, G.I. bleeding, concurrent use of aspirin, steroids or multiple monster and anti-inflammatory drugs. Consequently, in the absence of risk factors, Omeprazole 20 mg #60 (date of service September 23, 2014) is not medically necessary.

Retrospective DOS 9/23/14: Fenoprofen calcium 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fenoprofen 400 mg #60 (date of service September 23, 2014) is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, a progress note dated September 26, 2014 indicates the injured worker discontinued Mobic for fears of developing G.I. bleeding. The injured worker was changed to another non-steroidal anti-inflammatory Fenoprofen. There is no evidence to recommend one drug in this class over another based on efficacy. The injured worker has no co-morbid problems or past medical history compatible with risk factors placing the injured worker at risk for G.I. bleeding and/or perforation etc. Consequently, Fenoprofen 400 mg #60 (date of service September 23, 2014) is not medically necessary.