

Case Number:	CM14-0187648		
Date Assigned:	11/17/2014	Date of Injury:	06/13/2013
Decision Date:	01/06/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 58 year-old male with a history of a work-related injury to the neck, back, and shoulders occurring on 06/13/13. He was seen by the requesting provider on 06/06/14. He was having cervical and lumbosacral spine, bilateral shoulder, bilateral knee, and bilateral ankle pain. Physical examination findings included bilateral shoulder, and knee tenderness and cervical and lumbar paraspinal muscle tenderness. Authorization for a left shoulder MRI was requested. On 06/24/14 ibuprofen and Mentherm were being prescribed. On 08/15/14 he had ongoing symptoms. He was having constant right shoulder and occasional left shoulder pain. Pain was rated at 8/10. Voltaren, Mentherm, Prilosec, and Ultram were prescribed. On 09/02/14 multiple MRI scans were requested. On 09/30/14 he was having ongoing symptoms. Physical examination findings included lumbar spine tenderness with decreased range of motion. Ibuprofen, omeprazole, and Mentherm were refilled. Authorization for physical therapy was requested. Urine drug screening was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic pain affecting the spine and multiple joints. Medications include ibuprofen taken at 800 mg two times per day. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed. The request is not medically necessary.

Menthoderm cream #1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Medications for chronic pain, Topical Analgesics Page(s): 60 and 111-113.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic pain affecting the spine and multiple joints. Menthoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as osteoarthritis, fibromyalgia, and chronic nonspecific back pain. In this case, the claimant has chronic spine and multijoint pain and has only responded partially to other conservative treatments. Therefore, Menthoderm is medically necessary.