

<b>Case Number:</b>	CM14-0189167		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 patient is a 53 year old female who was injured on 1/29/2014. The diagnoses are right knee and low back pain. The 2014 MRI of the right knee showed patella tendinosis, medial meniscus tear and osteoarthritis. The patient completed PT and is participating in a home exercise program. On 9/19/2014, Dr. [REDACTED] noted subjective complaint of right knee pain and low back pain radiating down the right lower extremity. There was objective finding of positive McMurray's test, positive straight leg raising test and tenderness to palpation of the lumbar spine and right knee. There was decreased sensation over the right S1 dermatome. The medications listed are Voltaren, Prilosec and Mentherm ointment. A Utilization Review determination was rendered on 10/30/2014 recommending non-certification for Voltaren 100mg #30, Prilosec 20mg #90 and Mentherm ointment 120gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100 mg, thirty count:** 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 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiac, renal and gastrointestinal complications. The records indicate that the patient reported significant pain relief and increased physical activity with utilization of NSAIDs. There is no adverse medication effect. The criteria for the use of Voltaren 100mg #30 was met.

**Prilosec 20 mg, ninety count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs associated gastrointestinal adverse effects during chronic NSAID treatment. The incidence of NSAIDs related adverse effects is increased with advancing age or the presence of co-existing diseases. The record indicates that the patient met these criteria for increased risk of NSAIDs related complications. The criteria for the use of Prilosec 20mg #90 were met.

**Menthoderm ointment, 120 grams:** Upheld

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

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that compound topical preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not indicate subjective and objective findings consistent with the diagnosis of localized neuropathic pain. The records did not show that the patient failed first line medications. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. The Menthoderm product contains methyl salicylate 15% and menthol 10%. There is lack of guidelines support for the chronic use of menthol and salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Menthoderm ointment 120 grams were not met.