

<b>Case Number:</b>	CM14-0192490		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 32 year old female who was injured on 9/27/2012. She was diagnosed with lumbar strain, cervical spondylosis, and lumbosacral spondylosis. She was treated with physical therapy, electrical stimulation unit, and medications, including opioids, muscle relaxants, and NSAIDs. She was seen by her pain specialist on 8/5/2014 reporting persistent low back pain, pain in her right buttock/hip area, neck pain, and right upper back and right arm pain/numbness. Physical examination findings revealed tenderness in the cervical facet joints, pain with cervical flexion and with facet loading. She was then recommended a medial branch block. She refused hydrocodone due to getting dizzy with prior use. She was also given Naprosyn, Omeprazole, and Methoderm to help with pain and muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Methoderm Topical apply 2-3 times daily #1 Tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that topical salicylates such as methyl salicylate are significantly better than placebo in chronic pain. However, in order to justify continuation of use, evidence of functional benefit must be presented. In the case of this worker, she was recommended Methoderm for the first time on 8/5/14, which seemed reasonable to consider as this medication is low risk, however, there is no evidence to suggest Methoderm is more effective than equivalent over the counter products, which are less expensive. Therefore, the Methoderm is not medically necessary.

**RETRO: Omeprazole 20mg 1-2 tabs PRN #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

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

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, she was recommended Omeprazole at the same time as being recommended Naprosyn. However, there was no evidence found in the notes available for review, showing that she was at any elevated risk for gastrointestinal events which might have helped justify the addition of a PPI. Therefore, the Omeprazole is not medically necessary even with the use of Naprosyn, which is a low to moderate dose.