

<b>Case Number:</b>	CM14-0202166		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for knee and shoulder pain reportedly associated with an industrial injury of March 14, 2014. In a Utilization Review Report dated November 4, 2014, claims administrator denied requests for Menthoderm, Prilosec, and fenoprofen. The claims administrator invoked a variety of MTUS and non-MTUS Guidelines. The claims administrator did not, however, include any clinical summary or applicant-specific information anywhere in its UR report. At the bottom of the report, it was stated that an October 21, 2014 progress note was reviewed. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported heightened complaints of knee pain, 8/10. The applicant stated that he was having difficulty performing activities of daily living, including prolonged standing, climbing stairs, and/or hills, etc. Ancillary complaints of shoulder pain were also reported. The applicant was not currently working. The attending provider nevertheless stated that fenoprofen, Menthoderm, and a TENS unit were helpful for pain control while omeprazole was helping for GI discomfort purposes. The applicant was given primary diagnosis of bilateral knee arthritis. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. Corticosteroid injection therapy was performed. In an applicant questionnaire dated November 26, 2014, the applicant acknowledged that he was not working and had applied for unemployment compensation. On November 26, 2014, the applicant reported 3-6/10 bilateral knee and bilateral shoulder pain, exacerbated by standing, walking, squatting, and reaching overhead. The applicant was receiving temporary disability benefits and unemployment compensation, it was suggested. The applicant was using Mobic, Menthoderm, and a TENS unit. The attending provider stated that the applicant was not experiencing any GI symptoms as of this point in time. Aquatic therapy was sought while multiple medications were refilled. In a

September 1, 2014 progress note, the applicant reported persistent complaints of bilateral knee, shoulder, back, and neck pain. The applicant was using Mobic, Mentherm, and a TENS unit, it was stated as of this point in time. A functional capacity evaluation and multiple medications were renewed. A gym membership was sought. The applicant was using a knee brace, it was further noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Mentherm gel 120 grams, one bottle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates Topical topic; Functional Restoration Approach to Chronic Pain Management section. P. Decision based on Non-MTUS Citation MTUS 9792.20f.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Mentherm in the treatment of chronic pain as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has not clearly outlined how (or if) ongoing usage of Mentherm has proven beneficial. The applicant is off of work, despite ongoing Mentherm usage. Ongoing Mentherm usage has failed to curtail the applicant's dependence on other forms of medical treatment, including corticosteroid injection therapy and oral NSAIDs. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentherm. Therefore, the request was not medically necessary.

**Omeprazole 20 mg, sixty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. In this case, the applicant did report issues with NSAID-induced dyspepsia on an office visit of December 15, 2014, at which point it was also stated that omeprazole had proven helpful in attenuating the applicant's symptoms of GI discomfort. Continuing the same, on balance, was, thus, indicated here. Therefore, the request was medically necessary.

**Fenoprofen calcium 400 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management. Decision based on Non-MTUS Citation MTUS 9792.20f.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen (Nalfon) do represent the traditional first line of treatment for chronic pain, as was/is present here, this recommendation, however, is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy and some discussion of other medications into his choice of pharmacotherapy. Here, the attending provider stated on November 18, 2014 that the applicant was using oral fenoprofen and subsequently stated on November 26, 2014 that the applicant was using oral Mobic. No compelling rationale or case has been made for provision of two separate anti-inflammatory medications. Furthermore, the fact that the applicant remains off of work, continues to report persistent complaints of difficulty performing activities of daily living as basic as standing and walking, and recently received corticosteroid injection therapy for the knees, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of fenoprofen. Therefore, the request was not medically necessary.