

<b>Case Number:</b>	CM14-0203650		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 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:

This is a 29 year old gentleman who sustained a work related injury on 10/15/2013. He was getting up from his knees and felt a pinch in his lower back. Per the Secondary Treating Physician's Progress Report (PR-2) dated 10/06/2014 the injured worker reported 6/10 constant lumbar spine pain. Per the Primary Treating Physician's Progress Report dated 7/10/2014 the injured worker reported 7/10 low back pain with aches. Pain radiates to the bilateral lower extremities. Objective physical examination revealed lumbar spine flexion of 35 degrees and extension of 15 degrees with spasm. Diagnoses included lumbar sprain/strain and lumbar radiculopathy. The plan of care included referral to a spine surgeon, refill of medications and urine toxicology screen. Work Status was temporary total disability. Prior treatment included a bilateral L5-S1 epidural steroid injection on 5/09/2014. Magnetic resonance imaging (MRI) of the lumbar spine dated 10/09/2014 was read by the evaluating provider as disc desiccation at L4-L5 and L5-S1 with associated loss of disc height and straightening of the lumbar lordotic curvature. There is L4-5 and L5-S1 broad based disc herniation which is causing spinal canal stenosis. There is associated stenosis of the bilateral lateral recess. Disc material also causes left neural foraminal narrowing. 11/05/2014, Utilization Review non-certified a retrospective request for Mentherm Ointment 120 gm, Naproxen Sodium 550 mg # 90 10/2/14 and Omeprazole 20 mg # 90 (DOS 10/2/14) based on lack of medical necessity due to lack of documented functional improvement with prior use of pain medications. The CA MTUS Chronic Pain Medical Treatment Guidelines (web edition) and Official Disability Guidelines (web edition) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Mentherm Ointment 120 gm: 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 rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2013 without documented functional improvement from treatment already rendered. The Retrospective request for Mentherm Ointment 120 gm is not medically necessary and appropriate.

**Retrospective request for Naproxen SOD 550 mg # 90 10/2/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Retrospective request for Naproxen SOD 550 mg # 90 10/2/14 is not medically necessary and appropriate.

**Retrospective request for Omeprazole 20 mg # 90, DOS 10/2/14: Upheld**

**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 Page(s): 68-69.

**Decision rationale:** This is a 29 year old gentleman who sustained a work related injury on 10/15/2013. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective request for Omeprazole 20 mg # 90, DOS 10/2/14 is not medically necessary and appropriate.