

Case Number:	CM15-0134750		
Date Assigned:	07/23/2015	Date of Injury:	10/31/2012
Decision Date:	08/20/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker was a 57 year old female, who sustained an industrial injury, October 31, 2012. The injured worker previously received the following treatments Omeprazole, Naprosyn, Flexeril, Methoderm Gel, Neurontin and random toxicology laboratory studies of May 12, 2015, was negative for any unexpected findings. The injured worker was diagnosed with Myofascial pain syndrome, radiculopathy, cervical/lumbar strain, cervical radiculopathy, lumbosacral radiculopathy, myofascial pain syndrome. According to progress note of June 9, 2015, the injured worker's chief complaint was pain in the cervical spine with radiation of pain into the right hand. The injured worker had pain in the lumbar spine with radiation of numbness into the left lower extremity. The physical exam noted positive Spurling's on the right. The straight leg raises were positive on the right with decreased sensation to the right foot and right hand. There were spasms noted in the right trapezius muscles. The treatment plan included a prescription renewal for Methoderm gel and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120g, quantity: 2, per 06/09/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111, 105.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentherm gel #120gm, #2 per June 9, 2015 order is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome every: cervical spine and lumbar spine strain; right cervical radiculopathy; right lumbosacral radiculopathy; TBI; right eye problem; and #2 fractures. Date of injury is October 31, 2012. The request for authorization is June 9, 2015. A progress note dated February 4, 2015 shows the treating provider prescribed Lidopro topical. The subsequent progress note dated June 9, 2015 shows the treating provider changed Lidopro to Mentherm. There is no clinical rationale in the medical record for the change from one topical analgesic to another. There is no documentation of failed Neurontin in the record. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. Consequently, absent clinical documentation with the clinical rationale for changing one topical analgesic to another and guideline non-recommendations for Methyl salicylate, Mentherm gel #120gm, #2 per June 9, 2015 order is not medically necessary.

Omeprazole 20mg, quantity: 100, per 05/12/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #100 per May 12, 2015 order is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome every:

cervical spine and lumbar spine strain; right cervical radiculopathy; right lumbosacral radiculopathy; TBI; right eye problem; and #2 fractures. Date of injury is October 31, 2012. The request for authorization is June 9, 2015. There is no documentation with risk factors or comorbid conditions for gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. The treating provider states the injured worker has a history of gastroesophageal reflux disease. However, the injured worker is not at intermediate risk for gastrointestinal events and there is no documentation of G.I. distress with nonsteroidal anti-inflammatory use documented in the record. Consequently, absent clinical documentation of G.I. related nonsteroidal anti-inflammatory effects and intermediate risk for G.I. events, Omeprazole 20 mg #100 per May 12, 2015 order is not medically necessary.