

Case Number:	CM15-0164744		
Date Assigned:	09/02/2015	Date of Injury:	02/22/2013
Decision Date:	10/22/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/21/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 61-year-old male with a date of injury February 22, 2013. A review of the medical records indicate that the worker is undergoing treatment for generalized osteoarthritis, status post right shoulder surgery, status post left knee replacement with chronic synovitis, depression, anxiety, headache, sensory loss, and "history consistent with pepticulcer disease". Subjective complaints (medical treatment note dated 3/26/2015) include "pains in many of his joints", inability to left arm above his shoulder, knee pain with swelling, bilateral ankle and hand pain, and neck and low back pain. Neurology report (4/1/2015) indicated subjective complaints of headaches, depression and anxiety, trouble with memory, blurred vision, loss of smell or taste, tinnitus, muscle weakness, low back pain (6/10 severity), bilateral shoulder pain, and bilateral knee pain. Neurology report (6/8/2015) indicated subjective complaints of multiple headaches. Physical exam (3/26/2015) revealed halting gait, limited squatting depth due to knee/back pain, decreased cervical/lumbar range of motion, and "abdomen is normal". Physical exam (4/1/2015) reports cervical tenderness, no muscle spasms, decreased forward flexion, lateral rotation, extension of neck, right middle quadrant abdomen tenderness to palpation, diffuse lumbar spine tenderness. Physical exam (6/8/2015) included normal muscle examination, 1+ upper extremities, intact coordination, and normal gait. Treatment includes shoulder and knee surgery, and medication (Topamax, Voltaren, omeprazole, topical flurbuprofen, theramine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Omeprazole 100/10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request medication contains two components: flurbiprofen and omeprazole. Regarding omeprazole, which is used for gastrointestinal protection/reflux. MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent." The patient is noted to be 61 years old, which is not considered a risk factor per MTUS. Medical records do not indicate concurrent use of ASA, corticosteroids or anticoagulants or high dose/multiple NSAIDs. Medical note dated 3/26/2015, the treating physician writes as a diagnosis "history consistent with peptic ulcer disease". No further clarification, examination, or evaluations are provided to substantiate the diagnosis or confirm the history of peptic ulcer disease. The medical records do not support usage of omeprazole in this instance. Flurbiprofen is an NSAID that is indicated during for use with osteoarthritis and mild to moderate pain. MTUS also states regarding NSAIDs "Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." The treating physician documents a diagnosis of osteoarthritis, which flurbiprofen might be an appropriate medication for if first line treatments failure was documented. The medical record provided does not document failure of first line trials. The medical records do not support usage of flurbiprofen in this instance. The guidelines have not been met for usage of omeprazole and flurbiprofen. As such, the request for Flurb/Omeprazole 100/10mg is not medically necessary.

Kera Tek gel #113: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylate topicals, Topical analgesics.

Decision rationale: Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state, "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain." In this case, salicylate is likely appropriate, but menthol is not. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The medical documents do not support the use of this topical compound agent. As such, the request for Kera Tek gel #113 is not medically necessary.