

Case Number:	CM15-0181232		
Date Assigned:	09/22/2015	Date of Injury:	11/05/2012
Decision Date:	10/27/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Florida, California
 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 60-year-old male with an industrial injury dated 11-05-2002. Medical record review indicates he is being treated for lumbosacral radiculitis and degeneration of lumbar intervertebral disc. In the progress report dated 09-02-2015 the injured worker presents with complaints of pain in the mid back, lower back, right leg and right foot. The pain is documented as associated with tingling and numbness in the right leg. The pain is rated as 7, 4-5 at its best and 7-8 at its worst. The pain was described as "aching and cramping with muscle pain and pins and needles sensation." The treating physician documented; "The patient reports bowel problems." "He has constipation." Physical exam done on 09-02-2015 is documented as revealing tenderness to palpation over the bilateral lumbar paraspinal muscles. Straight leg raise was positive on the right in the seated position to 50 degree. The objective findings documented in the 09-02-2015 does not reflect findings of an abdominal exam. Medications documented in the 04-30-2015 note included Baclofen, Tizanidine, Aleve, Celebrex, Ibuprofen, Naprosyn, Nabumetone, Aspirin, Nortriptyline, Fluoxetine, Paroxetine, Mirtazapine, Diclofenac, Acetaminophen-Tramadol, Adefovir Dipivoxil, Sumatriptan and Pantoprazole. In the 04-30-2015 in the review of systems gastrointestinal is documented as "Positive for heartburn and constipation." "No abdominal pain, nausea, vomiting, diarrhea, incontinence, rectal bleeding or ulcers." Prior treatments are documented as physical therapy, exercise program, acupuncture, medications and chiropractic treatments. The treatment plan included Menthoderm analgesic gel, Omeprazole and follow up. The treatment request is for Omeprazole 20 mg #60 Rx date 9/2/15 and Menthoderm 15.00% analgesic gel Rx date 9/2/15. On 09-10-2015 the request for Omeprazole 20 mg #60 Rx date 9/2/15 and Menthoderm 15.00% analgesic gel Rx date 9/2/15 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 15.00% analgesic gel Rx date 9/2/15: 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): Topical Analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 105 of 127. Key case observations are as follows. The claimant was injured in 2002 with lumbosacral radiculitis and degeneration of lumbar intervertebral disc. As of September, there was still pain in the mid back, lower back, right leg and right foot. There is no mention of failure of oral medication, or why they might be contraindicated. Menthoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counter-irritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is not medically necessary and appropriately non-certified.

Omeprazole 20mg #60 Rx date 9/2/15: 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.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, page 68 of 127. As shared, key case observations are as follows. The claimant was injured in 2002 with lumbosacral radiculitis and degeneration of lumbar intervertebral disc. As of September, there was still pain in the mid back, lower back, right leg and right foot. There is no mention of failure of oral medication, or why they might be contraindicated. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.