

Case Number:	CM15-0189642		
Date Assigned:	10/01/2015	Date of Injury:	07/18/2015
Decision Date:	12/07/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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:

This is a 39 year old female who sustained an industrial injury on 7-18-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, thoracic spine sprain-strain, right and left shoulder strain, left knee sprain-strain and lumbar spine sprain-strain. The submitted documentation did not include subjective complaints, a physical exam or treatments rendered. The request for authorization dated 8-18-2015 included Menthoderm gel, Naproxen, Omeprazole and Norco. The original Utilization Review (UR) (9-11-2015) denied requests for Naproxen, Omeprazole, Norco and Menthoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 pill bid 60/tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 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. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. Documentation indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, thoracic spine sprain-strain, bilateral shoulder strain, left knee sprain-strain and lumbar spine sprain-strain. There is lack of adequate information provided regarding any possible prior initial treatment with Acetaminophen or lower dose of an anti-inflammatory drug to establish the medical necessity for the requested dose of Naproxen under review. With MTUS guidelines not being met, the request for Naproxen 550mg 1 pill bid 60/tabs is not medically necessary.

Omeprazole 20mg 1 pill a day 60/tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Documentation fails to show supporting evidence that the injured worker is at high risk of gastrointestinal events to establish the medical necessity for the use of Omeprazole. The request for Omeprazole 20mg 1 pill a day 60/tabs is not medically necessary per guidelines.

Norco 325mg/5 take 1 pill at night for pain 50/tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Internet, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use

of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, thoracic spine sprain-strain, bilateral shoulder strain, left knee sprain-strain and lumbar spine sprain-strain. There is lack of adequate information provided regarding prior initial treatment with alternate drugs, including short-term course of low dose of an anti-inflammatory drug or trial of Physical medicine modalities. Furthermore, there is no report of the injured worker's level of pain or function, or risk stratification for potentially aberrant drug-related behaviors. The medical necessity for the use of opioid drugs has not been established. The request for Norco 325mg/5 take 1 pill at night for pain 50/tabs is not medically necessary per guidelines.

Menthoderm gel 240mg apply locally: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Mentoderm is a topical analgesic containing Methyl salicylate and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Mentoderm gel 240mg apply locally is not medically necessary by MTUS.