

Case Number:	CM15-0196077		
Date Assigned:	10/09/2015	Date of Injury:	08/20/2014
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial-work injury on 8-20-14. A review of the medical records indicates that the injured worker is undergoing treatment for gastritis, bilateral wrist strain, myofascial pain syndrome, internal derangement of the right wrist. Medical records dated 3-19-15, 4-15-15 and 7-27-15 indicate that the injured worker complains of pain in the bilateral hands and forearms with decreased strength and feeling like she would drop things. The pain also radiated to all digits with some occasional numbness and tingling. She reports that she cannot lift more than 5 pounds with either hand but the right is presently more symptomatic than the left. The physician indicates that she was prescribed Naproxen which helped the inflammation and pain but she noted gastritis type symptoms with the Naproxen and had to take Omeprazole to minimize the symptoms. Per the treating physician report dated 7-27-15 the work status is total temporary disability since April. The physical exam dated 7-27-15 reveals a mild Tinel's sign at the right cubital tunnel, extension-flexion of the right wrist is 7-55 degrees and the left wrist is 70-60 degrees. There is no instability of the wrists. The physician indicates that she had nerve conduction studies dated 1-26-15 that were found to be normal. Treatment to date has included pain medication, Naproxen, Gabapentin, Cyclobenzaprine, Omeprazole since at least 4-15-15, diagnostics, Methoderm gel (unknown amount of time), physical therapy, acupuncture, off of work, work modifications, home exercise program (HEP) and other modalities. The treating physician indicates that the urine drug test result dated 3-19-15 was consistent with the medication prescribed. The requested services included Methoderm 120

gram #2 and Omeprazole 20mg #60. The original Utilization review dated 10-2-15 non-certified the request for Methoderm 120 gram #2 and Omeprazole 20mg #60 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120 gram #2: Overturned

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

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

Decision rationale: The medical records indicate the patient has ongoing complaints of pain and numbness in the wrists and hands. The current request for consideration is Methoderm 120g #2. The 10/7/15 attending physician report indicates that the patient had been given Neurontin in the past for arm paresthesia secondary to her myofascial pain syndrome, but since she was not able to tolerate this medication, she was started on Menthoderm cream. The CA MTUS has this to say about topical analgesics: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. In this case, the records indicate the patient had been given Neurontin in the past for arm paresthesia secondary to her myofascial pain syndrome, but since she was not able to tolerate this medication, she was started on Menthoderm cream. The cream has been essential since the patient is not interested in taking narcotics or having surgery for her bilateral generalized tenosynovitis. The request is consistent with MTUS guidelines and is medically necessary.

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: The medical records indicate the patient has ongoing complaints of pain and numbness in the wrists and hands. The current request for consideration is Omeprazole 20mg

#60. The attending physician has recommended Omeprazole because the patient has + reflux and history of GERD while taking Voltaren. The CA MTUS recommends medications such as Omeprazole for patients with complaints of gastritis, gastroesophageal reflux disease (Gerd) or dyspepsia. Prophylactic use is supported by MTUS when specific criteria are met, which include: (1) age >65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of Acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the attending physician has documented positive reflux, and history of GERD with NSAIDS. The current request is medically necessary.