MAXIMUS Federal Services

Case Number:	CM15-0028548		
Date Assigned:	02/20/2015	Date of Injury:	10/01/2009
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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
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 41 year old female with an industrial injury dated 10/01/2009 (09/10/2014 per the treating physician). Her diagnoses include right knee pain and mechanical symptoms, likely meniscal pathology, right shoulder strain/sprain, lumbar spine strain/sprain, and anxiety/stress. Recent diagnostic testing has included a MRI of the right knee (no date) showing degenerative meniscal signal, medial meniscus tear effusion, and x-rays of the right knee (no date) showing no fracture or subluxation and well preserved joint space. Previous treatments have included conservative care and medications. In a progress note dated 01/14/2015, the treating physician reports continued frequent and severe right knee pain, constant low back pain, right shoulder pain, right hip pain, and new onset of left shoulder pain. The objective examination revealed tenderness in the patellar facet, tenderness in the medial and lateral joint lines, pain with McMurray's testing, limited range of motion, small effusion, right shoulder tenderness in the acromioclavicular joint, restricted range of motion, positive impingement, and tenderness in the lumbar paraspinal musculature. The treating physician is requesting Prilosec and Menthoderm cream which were denied by the utilization review. On 01/28/2015, Utilization Review non-certified a prescription for Prilosec 20mg #60 (date of service 01/14/2015), noting that there was no documented subjective complaints or health history for which a proton pump inhibitor therapy would be warranted. The MTUS Guidelines were cited.On 01/28/2015, Utilization Review non-certified a prescription for retrospective Menthoderm cream 240gm (date of service 01/14/2015), noting that there was very little information as to whether this is a new prescription or ongoing prescription for this injured

worker, and no documentation as to why topical NSAIDs (non-steroid anti-inflammatory drugs) would be used concurrently with oral NSAIDs. Non-MTUS and MTUS Guidelines were cited.On 01/28/2015, Utilization Review certified a prescription for Naproxen 550mg #60 (date of service 01/14/2015). On 02/13/2015, the injured worker submitted an application for IMR for review of retrospective Prilosec 20mg #60 (date of service 01/14/2015), retrospective Menthoderm cream 240gm (date of service 01/14/2015), and retrospective Naproxen 550mg #60 (date of service 01/14/2015). According to the UR report, the retrospective request for Naproxen 550mg #60 (date of service 01/14/2015) was approved/certified; therefore, this issue is not eligible for the IMR and will not be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20mg #60 (DOS 01/14/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective Prilosec 20mg #60 (DOS 01/14/2015) is not medically necessary and appropriate.

Retrospective Menthoderm cream 240gm (DOS 01/14/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation http://www.drugs.com/cdi/menthoderm-cream.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately

demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Retrospective Menthoderm cream 240gm (DOS 01/14/2015) is not medically necessary and appropriate.