

Case Number:	CM15-0213304		
Date Assigned:	11/03/2015	Date of Injury:	03/08/2011
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 3-8-11. The injured worker reported chronic pain. A review of the medical records indicates that the injured worker is undergoing treatments for displacement of lumbar intervertebral disc without myelopathy, carpal tunnel syndrome and plantar fascial fibromatosis. Medical records dated 7-28-15 indicate pain rated at 6 out of 10. Provider documentation dated 7-28-15 noted the work status as off work, retired. Treatment has included magnetic resonance imaging, pool therapy, Gabapentin since at least April of 2015, Omeprazole since at least July of 2015, Norco since at least May of 2015, and Naproxen since at least June of 2015. Objective findings dated 7-28-15 were notable for lumbar spine with decreased range of motion, tenderness to palpation to bilateral lumbar paraspinal muscles, sciatic notch tenderness, and positive straight leg raise on right, tenderness to palpation to the greater trochanter. The treating physician indicates that the urine drug testing result (7-28-15) showed no aberration. The original utilization review (10-9-15) denied a request for Retrospective Omeprazole 20mg by mouth twice a daily quantity 60 DOS 9-22-15 and Retrospective Methoderm 15% analgesic gel 120ml, two to three times daily as needed DOS 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg by mouth twice a daily quantity 60 DOS 9-22-15: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on oral and topical NSAIDS. Modification or elimination of these medications would reduce any potential GI risk or side effects rather than chronic use of a PPI which is not recommended by the guidelines. Therefore, the continued use of Omeprazole is not medically necessary.

Retrospective Mentherm 15% analgesic gel 120ml, two to three times daily as needed DOS 9-22-15: 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: According to the MTUS guidelines, topical analgesics are 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Mentherm beyond 1 month exceeds the trial period recommended above. In addition, there is no documentation of failure of 1st line treatment. The claimant was already on oral NSAIDS and topical NSAIDS can reach systemic levels similar to oral NSAIDS. Therefore, the continued use of Mentherm is not medically necessary.