

<b>Case Number:</b>	CM15-0214451		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Texas  
 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 1-19-2015. The injured worker is being treated for lumbar sprain-strain, right lumbar radiculopathy and multiple level disc protrusions with exiting nerve compromise. Treatment to date has included work restrictions, medications, acupuncture and physical therapy. Per the Primary Treating Physician's Progress Report dated 9-16-2015, the injured worker reported low back pain radiating to the right lower extremity with paresthesias. Objective findings included diminished range of motion with muscle guarding. There was tenderness at the lumbar paraspinals and the right sciatic notch. There is no documentation of functional improvement, such as improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was to remain off work for 6 weeks. The plan of care included a pain management evaluation, chiropractic care and refills of Voltaren, Omeprazole and Methoderm ointment. Authorization was requested for Voltaren 100mg #30, Omeprazole 20mg #90 and Methoderm ointment 120gm. On 10-02-2015, Utilization Review non-certified the request for Voltaren 100mg #30, Omeprazole 20mg #90 and Methoderm ointment 120gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren BID 100mg #30:** Upheld

**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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case the documentation doesn't support that the patient has used the lowest effective dose for the shortest amount of time to avoid adverse effects of the drug. The continued use of this medication is not medically necessary.

**Omeprazole 20mg #90:** Upheld

**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:** According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

**Menthoderm Ointment 120gram:** Upheld

**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): Topical Analgesics.

**Decision rationale:** According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.