

Case Number:	CM15-0220809		
Date Assigned:	11/13/2015	Date of Injury:	08/30/2014
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial-work injury on 8-30-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine strain, left trapezii strain, left shoulder strain, left shoulder impingement with history of ulcers. Treatment to date has included pain medication, Ibuprofen, Menthoderm since at least 10-7-15, Prilosec since at least 10-7-15, diagnostics, left shoulder steroid injection 8-12-15, work modifications and other modalities. Medical records dated 10-7-15 indicate that the injured worker complains of left shoulder pain with tingling pressure and aches and neck pain and stiffness with radiating pain to the left shoulder and trapezium muscle. Per the treating physician report dated 10-7-15 work status is modified. The physical exam reveals cervical tenderness to palpation, diminished range of motion and muscle guarding. The left shoulder has positive Speed's test and positive impingement. The physician recommends medications. The documentation does not indicate trial or failure of other first line antidepressants or anticonvulsants for pain. There is no documented history of GI bleeding or perforation. The requested services included Menthoderm 120gm (unspecified quantity) and Prilosec 10mg #60. The original Utilization review dated 10-27-15 non-certified the request for Menthoderm 120gm (unspecified quantity) and Prilosec 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm (unspecified quantity): 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): Topical Analgesics.

Decision rationale: Methoderm consists of methyl salicylate/menthol. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Prilosec 10mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records from 10/7/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for Prilosec is not medically necessary and non-certified.