

Case Number:	CM15-0033423		
Date Assigned:	02/26/2015	Date of Injury:	03/05/2014
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on 3/05/2014. The diagnoses have included cervical sprain/strain, lumbar sprain/strain, left knee chondromalacia, left knee contusion, lumbosacral sprain, neck sprain and sprain of unspecified of the knee and leg. Treatment has included physical therapy, medications, home exercise program and injections. Currently, the injured worker complains of neck and lower back pain. Objective findings included decreased range of motion of the lumbar spine and left shoulder. There was tenderness to the left knee joint line. On 2/11/2015, Utilization Review non-certified a request for 1 month supply of Ibuprofen, 1 month supply of Omeprazole and 1 tube of Mentherm cream noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/23/2015, the injured worker submitted an application for IMR for review of 1 month supply of Ibuprofen, 1 month supply of Omeprazole and 1 tube of Mentherm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Supply of Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 3/05/2014. The medical records provided indicate the diagnosis of cervical sprain/strain, lumbar sprain/strain, left knee chondromalacia, left knee contusion, lumbosacral sprain, neck sprain and sprain of unspecified of the knee and leg. Treatment has included physical therapy, medications, home exercise program and injections. The medical records provided for review do not indicate a medical necessity for 1 Month Supply of Ibuprofen. The MTUS recommends the use of the NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. The recommended dosing for Ibuprofen is a total of 1200 mg to 3200 mg daily in divided doses. The preferred dose is 400 mg PO every 4-6 hours as needed, since doses greater than 400 mg have not provided greater relief of pain. The request does not specify the strength and frequency (Dose), therefore there is no way of knowing whether the injured worker is taking the lowest dose as recommended by the MTUS.

1 Month Supply of Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 3/05/2014. The medical records provided indicate the diagnosis of cervical sprain/strain, lumbar sprain/strain, left knee chondromalacia, left knee contusion, lumbosacral sprain, neck sprain and sprain of unspecified of the knee and leg. Treatment has included physical therapy, medications, home exercise program and injections. The medical records provided for review do not indicate a medical necessity for 1 Month Supply of Omeprazole. The MTUS criteria for the use of proton pump inhibitors are those with gastrointestinal events. These include those that are: (1) greater than 65 years; (2) history of peptic ulcer, Gastro-intestinal bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin. The records reviewed do not indicate the injured worker belongs to any of the listed groups.

1 Tube of Menthoderm Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 3/05/2014. The medical records provided indicate the diagnosis of cervical sprain/strain, lumbar sprain/strain, left knee chondromalacia, left knee contusion, lumbosacral sprain, neck sprain and sprain of unspecified of the knee and leg. Treatment has included physical therapy, medications, home exercise program and injections. The medical records provided for review do not indicate a medical necessity for 1 Tube of Mentoderm Cream. Mentoderm is a topical analgesic containing methyl salicylate and menthol. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not a recommended medication.