

<b>Case Number:</b>	CM15-0044116		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 65 year old female, who sustained an industrial injury on September 23, 2010. The mechanism of injury is unclear. The injured worker was diagnosed as having right knee meniscal tear, chondromalacia, left knee medial meniscus tear, left knee mechanical symptoms, and status post left knee surgery. Treatment to date has included medications, home exercise program, a single point cane, and follow-up visits. On January 21, 2015, she reports moderate to severe pain of the left knee, which she indicates is aggravated by prolonged activities. She rates her left knee pain as 6-8/10 and indicates she also has right knee pain rated 7/10, and reports this knee to give way on her. Physical findings are revealed as tenderness of the left knee, and a positive McMurrays. The records indicate a magnetic resonance imaging of the right knee reveals a medial meniscus tear, and chondromalacia. The request for authorization includes refill Naproxen 550mg, Prilosec 20mg, and Methoderm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Methoderm contains topical methyl salicylate (NSAID). 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 Methoderm beyond 1 month exceeds the trial period recommended above. In addition, there is no documentation of failure of 1st line treatment. The claimant was on oral NSAIDs while on Methoderm. Systemic levels of topical NSAIDs can reach that of oral NSAIDs. Therefore, the continued use of Methoderm is not medically necessary.

**Prilosec 20 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Prilosec 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. Furthermore, the continued use of NSAIDs as below is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

**Naproxen 550 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year along with opioids. There was no indication of Tylenol failure. The claimant required the use of a PPI while on NSAID for gastric protection. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.