

Case Number:	CM15-0049022		
Date Assigned:	03/20/2015	Date of Injury:	07/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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, Indiana, New York
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 53 year old female who sustained an industrial injury on 7/9/12. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having right knee arthritis, right knee pain, lumbosacral spondylosis without myelopathy and lumbago. Treatments to date have included knee brace, status post spinal lumbar fusion, physical therapy, rest, oral pain medications, topical analgesics, heat, rest, activity modification. Currently, the injured worker complains of pain in the right knee. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured workers working diagnoses are displacement lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; and lumbago. Documentation from a December 18, 2014 progress note does not contain comorbid conditions or past medical history indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. The utilization review indicates the UR physician had a peer-to-peer phone conference with the treating physician. The treating physician stated the injured worker has a high risk of gastroesophageal reflux disease. There are no current gastrointestinal symptoms but the injured worker is taking Omeprazole. The UR physician stated without current gastrointestinal symptoms and the nonsteroidal anti-inflammatory drug denial, there is no clinical indication for a proton pump inhibitor. Additionally, the guidelines recommend (for treatment of dyspepsia/Gerd) stopping the nonsteroidal anti-inflammatory, switch to a different anti-inflammatory drug or consider an H2 receptor antagonist or proton pump inhibitor for treatment of GERD. There was no documentation the treating physician switched to a different nonsteroidal anti-inflammatory drug or attempted treatment with an H2 receptor antagonist. The nonsteroidal anti-inflammatory was denied and no longer authorized. Also, Omeprazole 20 mg one tablet daily #30 is the appropriate dosing schedule. Omeprazole #60 implies b.i.d. dosing. Consequently, absent clinical documentation with comorbid conditions or past medical history with gastrointestinal risk factors, the discontinuation of nonsteroidal anti-inflammatory drugs with no current symptoms of gastroesophageal reflux or risk for peptic ulcer disease, G.I. bleeding, concurrent aspirin use, etc. Omeprazole 20 mg #60 is not medically necessary.

Methyl Salicylate 15.00%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, methyl salicylate 15% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo, but larger more valid studies were without significant effect. Salicylates have not shown

significant efficacy in the treatment of osteoarthritis. In this case, the injured worker's working diagnoses are displacement lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; and lumbago. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Methyl salicylate is not recommended. There is no documentation of objective functional improvement with ongoing methyl salicylate 15%. Consequently, absent clinical documentation with objective functional improvement in the absence of guideline recommendations, methyl salicylate 15% is not medically necessary.