

Case Number:	CM15-0055934		
Date Assigned:	04/01/2015	Date of Injury:	11/01/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 42 year old male who sustained a cumulative industrial injury on November 1, 2013. The injured worker was diagnosed with cervical spine sprain/strain, right ankle sprain/strain, left knee sprain/strain, right wrist sprain/strain and C5-C7 disc herniation with bilateral foraminal stenosis, left worse than right according to the magnetic resonance imaging (MRI). The injured worker is status post left shoulder surgery in 2008 (non-industrial). The injured worker underwent an Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies in Sept 2014 reported as a normal study and a cervical spine magnetic resonance imaging (MRI) (no date documented). According to the treating physician's progress report on December 5, 2014, the injured worker continues to experience cervical neck pain. Examination of the cervical spine demonstrated decreased range of motion. Sensation and deep tendon reflexes are intact bilaterally. Medications were listed as Naproxen, Omeprazole and topical analgesics. Treatment plan consists of C7-T1 interlaminar epidural steroid injection (ESI) and the current request for medication renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment: Upheld

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

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

Decision rationale: Menthoderm 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. There is no indication of arthritis in this case. In addition, topical NSAIDs can reach systemic levels similar to oral NSAID as had been provided in this case. The length of use and application are not specified. The Menthoderm is not medically necessary.

Naproxen 550 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

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 including Aspirin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required the use of a PPI for prophylaxis. Continued use of Naproxen is not medically necessary.

Omeprazole 20 mg Qty 90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Omeprazole 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. The continued use of Naproxen as above is not necessary; therefore, the continued use of Omeprazole is not medically necessary.

