

Case Number:	CM14-0017256		
Date Assigned:	04/14/2014	Date of Injury:	10/17/2000
Decision Date:	07/18/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year-old female who has reported neck and shoulder pain after an injury on 10/17/2000. Treatment has included physical therapy, aquatic therapy, and multiple medications. Reports from the primary treating physician from April 2013 to March 2014 show ongoing multifocal pain, continuation of all medications, and no specific changes in function. Work status remains as "off work". There is no documentation of specific gastrointestinal problems in the periodic reports. Mentherm was started on 10/30/13. There were no changes in pain, function or medication prescribing after starting Mentherm. Pain ranges from 7-9/10. On 10/30/13, Medications were stated to be Opana, promethazine, Flexeril, Ambien, Klonopin, Neurontin, and pantoprazole. Mentherm was dispensed as a trial. Work status was "unable to work". On 11/20/13 pain was 9/10. Medications were stated to be Opana, promethazine, Flexeril, Ambien, Klonopin, Neurontin, and pantoprazole. Mentherm and pantoprazole were dispensed. Work status was "unable to work". The injured worker was evaluated on 01/20/2014. Medications included Ambien CR, Opana IR, Opana ER, Klonopin, Neurontin, Pantoprazole, and Flexeril, in use since at least 09/2013. Mentherm was used since at least 11/2013. The diagnoses included bilateral rotator cuff tendonitis, chronic pain syndrome, cervical disc disease with myofascial pain, chronic gastritis, obesity, and gastroesophageal reflux disease. The injured worker's treatment plan included continuation of medications and aquatic therapy. An appeal letter dated 02/01/2014 stated that Mentherm decreased her reliance on other medications, decreased systemic side effects related to other medications, and improved pain. It provided improvement in her activities of daily living. Pantoprazole was for gastroesophageal reflux disease, obesity, and gastritis, which was "well documented." It was noted that she uses nonsteroidal anti-inflammatory drugs as needed and has gastrointestinal complaints from her current medication usage. Attempts at weaning this medication resulted in

severe gastrointestinal upset. On 3/19/14 the primary treating physician stated that medications allow performance of ADLs and reduce pain by 50%. The same medications were listed, with no discussion of the specific results of using any of these alone. On 1/29/14, Utilization Review non-certified Menthoderam and pantoprazole, noting the lack of evidence for efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 2 BOTTLES OF MENTHODERM DOS: 1/20/14: 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.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend topical salicylates for chronic pain. However, the treating physician started Menthoderam, and at the next visit noted an increase in pain, no reduction in any other medications, and no specific changes in function. Work status remained as "unable to work". Therefore, contrary to what was alleged by the treating physician, this topical medication did not result in any significant improvement in pain, did not decrease use of other medications, and did not result in functional improvement, as is recommended by the MTUS in the citations above. The 2 bottles of Menthoderam are not medically necessary.

RETROSPECTIVE PANTOPRAZOLE 20MG, #60 DOS: 1/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Pain Chapter.

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

Decision rationale: None of the available medical reports provide any supporting information about a gastrointestinal condition and need for a gastrointestinal protectant or medication for treatment. The treating physician refers to well-documented conditions but none of that documentation is present. The treating physician refers to the use NSAIDs but none of the reports list any NSAIDs. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. As it stands now, the treating physician has dispensed a proton pump inhibitor for what is likely more than a year without providing sufficient documentation of the medical necessity, and has exposed the injured worker to significant risk of side effects in the process. If the symptoms are actually so severe, that would be an indication to proceed with further investigation into the condition rather than continuation of this medication that may be masking a serious condition, while

increasing the risk of serious morbidity. Based on the lack of adequate documentation of a diagnosis, and risk of toxicity, the request for Pantoprazole is not medically necessary.