

Case Number:	CM14-0118261		
Date Assigned:	08/06/2014	Date of Injury:	08/10/2011
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50-year-old with complaints of bilateral knee pain and right wrist pain (apparently there are other complaints not noted from the original evaluation which include neck pain, low back pain, and thoracic pain, shoulder pain). The date of injury is August 10, 2011 and the mechanism of injury is falling/impact injury tripping over a mat and landing on her knees. At the time of request for omeprazole 20mg #30 and menthoderm gel 360 gram, there is subjective (knee pain, wrist pain) and objective (restricted range of motion right knee and left knee, bilateral edema knees, tenderness to palpation medial joint line right and left knee) findings, imaging findings (2011 xrays Knees grade II-III osteoarthritic changes with notable osteophytes left knee, August 24, 2011 MRI knees shows medial meniscal tears bilaterally, chondromalacia, joint effusions with synovial thickening, loose bodies), diagnoses (bilateral knee degenerative arthritis, knee contusions, thoracic sprain and strain, lumbar and cervical musculoligamentous/disc protrusion, bilateral shoulder rotator cuff tears and degenerative disease, bilateral elbow strain/sprain, bilateral carpal tunnel syndrome, bilateral knee medial meniscal tears/chondromalacia, bilateral ankle tenosynovitis and calcaneal spurs), and treatment to date (right wrist brace, quad cane, referral to orthopedic, urine drug testing, medications, therapy, knee/hip injections, recommendations for surgery). Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. First line treatment such as OTC Prilosec is recommended to treat adverse gastrointestinal symptoms related to pharmacotherapy. Menthoderm is a compounded topical analgesic comprised of methyl salicylate and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although there is evidence of topical salicylates having analgesic benefit over placebo, menthol has no such support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Proton Pump Inhibitors(PPIs)>

Decision rationale: According to the ODG Treatment Decisions, Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. First line treatment such as OTC Prilosec is recommended to treat adverse gastrointestinal symptoms related to pharmacotherapy. As the medical record documentation does not support the presence of any side effects to pharmacotherapy, the request for omeprazole 20 mg, thirty count, is not medically necessary or appropriate.

Menthoderm (Methyl Salicylate 15% Menthol 1%) Gel 360 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Mentoderm is a compounded topical analgesic comprised of methyl salicylate and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although there is evidence of topical salicylates having analgesic benefit over placebo, menthol has no such support. Therefore, the request for Mentoderm (Methyl Salicylate 15% Menthol 1%) Gel 360 gm is not medically necessary or appropriate.