

Case Number:	CM14-0132034		
Date Assigned:	08/22/2014	Date of Injury:	04/10/2014
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old male with an injury date of 04/10/2014. Based on the 04/11/2014 progress report, the patient complains of constant, moderate, dull pain in the left thigh exacerbated by movement and lessened by rest. In regards to his left upper extremity, he has ecchymosis, erythema, and swelling. He also has a tender musculature of the upper thigh. The Utilization Review letter states that on the 06/24/2014 report, the patient complained of lower back pain and radiation into the left lower extremity. The patient has a limited range of motion, tenderness to palpation over the bilateral lumbar paraspinal muscles, spasm, positive straight leg raise on the right, sacroiliac joint tenderness on the left, erythema in the left knee, tenderness to palpation over the lateral joint line, diminished strength in the left lower extremity, and diminished sensation in the left L5 and S1 dermatomes. The patient's diagnoses include the following: lumbago and left knee injury. The utilization review determination being challenged is dated 07/16/2014. Treatment reports were provided from 04/11/2014, 04/14/2014, and 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm topical anesthetic lotion:

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 creams Page(s): 111.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, topical creams, page 111. The Expert Reviewer's decision rationale: Based on the 04/11/2014 progress report, the patient complains of pain in his left thigh. The request is for Methoderm topical anesthetic lotion. The report with the request was not provided. Methoderm gel contains methyl salicylate 15% and methyl 10%. On page 111, under topical analgesics, MTUS gives a general statement about compounded products; "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS has support for methyl salicylate under the topical salicylate section, but does not specifically discuss menthol. This patient has knee pain for which topical NSAID may be indicated. However, the treating physician does not address pain reduction or functional improvement with use of this topical. MTUS requires "documentation of pain function when medications are used for chronic pain." The request is not medically necessary.

Prilosec 20mg 60 capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec® (omeprazole), Prevacid® (lansoprazole) and Nexium® (esomeprazole magnesium) are PPIs. Omeprazole provides a statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec). Also, Prilosec is available as an over-the-counter product (Prilosec OTC®), while Nexium is not. (Donnellan, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011).

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 69 and on the Non-MTUS Recommended for patients at risk for gastrointestinal events. NSAIDs, GI symptoms & cardiovascular risk. The Expert Reviewer's decision rationale: Based on the 04/11/2014 progress report, the patient complains of having pain in his left thigh. The request is for Prilosec 20 mg #60 capsules. The report with the request was not provided. There is no indication of when the patient began taking Prilosec. MTUS supports "the usage of proton pump inhibitor for gastric side effects due to NSAID use. For prophylactic use of PPIs, MTUS requires GI assessment that includes the patient's age, history of PUD, high dose of NSAID use, concurrent use of ASA or anticoagulant therapy, et cetera." In this case, the treating physician has not documented any gastrointestinal symptoms for this patient. There are no mentions of any GI symptoms and a routine use of PPI for prophylaxis is not supported without GI assessment. Therefore, the request is not medically necessary.