

Case Number:	CM14-0132989		
Date Assigned:	08/22/2014	Date of Injury:	07/10/2006
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 progress notes from 07/14/14 was reviewed. She was admitted at a hospital from June 6-8 because she had strong pain in her back and stomach and arms. She had MRI, CT scan and endoscopy. She stated that she was diagnosed with ulcers. She reported that she was asked to stop all oral medications except for Omeprazole. She was given Omeprazole 40mg PO BID and she is almost out of this medication. Her examination was significant for a heart rate of 102 BPM. Her diagnoses included shoulder injury, post-operative chronic pain, cervical sprain/strain of neck and myofascial pain. The treatment plan included discontinuing all medications including Diclofenac given the recent ulcer, Omeprazole 20mg PO BID #60 and Mentherm for topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120gm (topical analgesic): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, METHYL SALICYLATE Page(s): 105, 111-112.

Decision rationale: The progress notes from 07/14/14 was reviewed. She was admitted at a hospital from June 6-8 because she had strong pain in her back and stomach and arms. She had MRI, CT scan and endoscopy. She stated that she was diagnosed with ulcers. She reported that she was asked to stop all oral medications except for Omeprazole. She was given Omeprazole 40mg PO BID and she is almost out of this medication. Her examination was significant for a heart rate of 102 BPM. Her diagnoses included shoulder injury, post-operative chronic pain, cervical sprain/strain of neck and myofascial pain. The treatment plan included discontinuing all medications including Diclofenac given the recent ulcer, Omeprazole 20mg PO BID #60 and Mentherm for topical analgesic. According to Chronic Pain Medical Treatment Guidelines, topical NSAIDs are used for short term relief of pain. Also the guidelines recommend topical salicylate for chronic pain. As the employee had inability to take oral NSAIDs given the recent ulcer diagnosis, the medical necessity for a topical NSAID like Mentherm that has Methyl salicylate is met. The request for Mentherm is medically necessary.

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, treatment of NSAID induced dyspepsia Page(s): 69.

Decision rationale: The progress notes from 07/14/14 was reviewed. She was admitted at a hospital from June 6-8 because she had strong pain in her back and stomach and arms. She had MRI, CT scan and endoscopy. She stated that she was diagnosed with ulcers. She reported that she was asked to stop all oral medications except for Omeprazole. She was given Omeprazole 40mg PO BID and she is almost out of this medication. Her examination was significant for a heart rate of 102 BPM. Her diagnoses included shoulder injury, post-operative chronic pain, cervical sprain/strain of neck and myofascial pain. The treatment plan included discontinuing all medications including Diclofenac given the recent ulcer, Omeprazole 20mg PO BID #60 and Mentherm for topical analgesic. According to the Chronic Pain Medical Treatment Guidelines, dyspepsia secondary to NSAID therapy is treated by stopping the NSAID and switching to a different NSAID or considering H2 receptor antagonist or a PPI. In this case, the employee had not just dyspepsia, but bleeding peptic ulcers. The claims administrator's denial was based on prophylactic use of PPIs with NSAIDs. But here the PPI was being used for treatment of peptic ulcer disease. Hence the request for Omeprazole 20mg #60 is medically necessary.