

Case Number:	CM14-0139457		
Date Assigned:	09/05/2014	Date of Injury:	06/22/2014
Decision Date:	11/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 78 year old female who was injured on 06/22/2004 when she sustained injuries to her right hand, foot, mid and low back. Prior treatment history has included TENS unit and home exercise program. Clinic note dated 07/21/2014 documented the patient to have complaints of right hand and upper extremity pain, right foot pain and chronic mid and low back pain. On exam, there is tenderness to palpation over the right wrist and right foot. The patient is diagnosed with DeQuervain's tenosynovitis of the right wrist and right foot metatarsalgia. The patient was prescribed omeprazole 20 mg and Menthoderm gel 120 gm. Prior utilization review dated 08/20/2014 states the request for Retrospective: Menthoderm Gel #120gm (DOS: 7/21/2014) is denied as there is no documented evidence to support the request; and Retrospective: Omeprazole 20mg #60 (DOS: 07/21/2014) is denied as there is no documented evidence of a GI condition or GI complaints from the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Menthoderm Gel #120gm (DOS: 7/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: The decision for Mentherm gel 120 gm is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Mentherm is a combination of menthol and NSAID. The current guidelines do not support the use of topical menthol. The request does not indicate a frequency for the medication or site of administration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Retrospective: Omeprazole 20mg #60 (DOS: 07/21/2014): Upheld

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

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

Decision rationale: The guidelines recommend PPI (proton pump inhibitors) therapy for patients at risk for adverse GI events on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD (peptic ulcer disease), GERD (Gastro-Esophageal Reflux Disease) etc. Risk factors for GI events for patients on NSAIDs include age > 65, history of GIB (Gastrointestinal Bleeding), history of PUD, history of perforation, concurrent use of aspirin, concurrent use of steroids, concurrent use of anticoagulants, or high dose/multiple NSAIDs. The guidelines state that PPIs are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. It is not clear from the documents provided which medications the patient is currently taking and if she is on an oral NSAID. The clinical documents did not identify a GI condition that requires PPI therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.