

Case Number:	CM14-0168377		
Date Assigned:	10/16/2014	Date of Injury:	09/19/2013
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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:

The injured worker is a 52 year old male with a date of injury on 9/19/2013. As per 9/17/14 report, the worker presented with left shoulder pain and low back pain. Examination revealed decreased shoulder motion and positive orthopedic test indicative of biceps tendon involvement and impingement. Magnetic resonance imaging scan of the left shoulder dated 5/8/14 showed full-thickness rotator cuff tear and some acromioclavicular joint arthrosis. Magnetic resonance imaging scan of the lumbar spine dated 5/8/14 revealed multilevel minimal disc bulging. He is currently on Diclofenac, Omeprazole and Methoderm Gel. He has had 12 visits to chiropractic treatments until now, which had helped with the pain and function. Diclofenac, Omeprazole and Methoderm Gel refills were recommended and a prescription was given for Norco. Omeprazole was prescribed in order to protect the stomach from upset resulting from pain and anti-inflammatory medication. Diagnoses include left shoulder rotator cuff tear, left shoulder acromioclavicular joint arthritis, left shoulder biceps tenosynovitis, left shoulder bursitis, left shoulder internal derangement, lumbar spine bulging disks, and left knee sprain. The request for Omeprazole 20mg #60 on 09/17/2014 and Methoderm Gel 4 ounces on 09/17/2014 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 DOS 09/17/2014: 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 NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors (PPIs)

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Omeprazole "proton pump inhibitor" is recommended for workers at intermediate risk for gastrointestinal events. The Chronic Pain Medical Treatment Guidelines state proton pump inhibitor medications such as Omeprazole (Prilosec) may be indicated for workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age greater than 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (e.g., non-steroidal anti-inflammatory drugs + low-dose aspirin). Treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug therapy recommendation is to stop the non-steroidal anti-inflammatory drug, switch to a different non-steroidal anti-inflammatory drug, or consider H2-receptor antagonists or a proton pump inhibitor. The guidelines recommend gastrointestinal protection for workers with specific risk factors; however, the medical records in this case do not establish the worker is at significant risk for gastrointestinal events or risks as stated above. Therefore, this request is not medically necessary at this time.

Menthoderm Gel 4 oz DOS 09/17/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Menthoderm contains methyl salicylate/menthol. According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the Chronic Pain Medical Treatment Guidelines /Official Disability Guidelines, the only non-steroidal anti-inflammatory drug that is Food and Drug Administration approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac sodium gel (the first topical non-steroidal anti-inflammatory drug approved in the United States) provides clinically meaningful analgesia in osteoarthritis workers with a low incidence of systemic adverse events. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this request is not medically necessary.