

<b>Case Number:</b>	CM14-0183297		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 & 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 injured worker is a 45-year-old male who reported an injury on 09/20/2013. The mechanism of injury was not provided. The prior therapies were noted to include a home exercise program, physical therapy and chiropractic care. The medications were noted to include omeprazole 20 mg twice a day, ibuprofen 600 mg twice a day, and Menthoderm ointment as needed. The diagnoses were noted to include bilateral carpal tunnel syndrome, status post head contusion, cervical sprain and strain, and bilateral shoulder impingement syndrome, as well as rule out radiculopathy of the bilateral lower extremities. Diagnostic studies were not provided. The injured worker underwent an MRI of the left elbow which revealed mild subcutaneous edema. There were osteoarthritic changes. The documentation of 09/03/2014 revealed the injured worker had cervical spine on and off pain. The injured worker had bilateral shoulder pain frequently. The physical examination was handwritten and difficult to read. The treatment plan included a continuation of the home exercise program, acupuncture, a refill of ibuprofen 800 mg, Prilosec, and Menthoderm. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Ibuprofen 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation of objective functional improvement and documentation of an objective decrease in pain. The duration could not be established through the supplied documentation. The request was submitted failed to include the frequency for the requested medication. Given the above and the lack of documentation, the request for retro ibuprofen 600 mg #60 is not medically necessary.

**Retro Mentherm ointment:** 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 Topical Analgesics, Topical Salicylates Page(s): 111, 105.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of anticonvulsants and antidepressants. The duration could not be established through the supplied documentation. The request was submitted failed to include the frequency for the requested medication. The request as submitted failed to indicate the frequency and body part to be treated, as well as the quantity being requested. There was a lack of documentation of objective functional benefit as it was a current medication. Given the above, the request for retro Mentherm ointment is not medically necessary.

**Retro Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require

the use of a proton pump inhibitor. The duration of use could not be established through the supplied documentation. The efficacy of the medication was not provided. The request as submitted failed to include the frequency. Given the above, the request for Retro Omeprazole 20mg #60 is not medically necessary.