

Case Number:	CM14-0084761		
Date Assigned:	07/21/2014	Date of Injury:	04/25/2012
Decision Date:	09/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on April 25, 2012. At his visit with his primary treating physician on May 10, 2014 he reported continued low back pain intermittently radiating to the left lower extremity and neck pain radiating to the left upper extremity. He reported taking medications regularly which was helpful to manage his pain 50-60%. He had no side effects from medication. He was also using a TENS unit regularly. His diagnoses included cervical radiculitis, numbness and tingling, lumbar degenerative disc disease and lumbar radiculopathy, cervical sprain/strain, and right shoulder pain. The medication treatment plan included refill of tramadol/APAP 37.5/325 mg one by mouth twice a day, topiramate 50 mg 1 by mouth twice a day, omeprazole 20 mg one by mouth twice a day, sertraline 50 mg one by mouth daily, and menthoderm. Cyclobenzaprine was discharged due to drug interaction with sertraline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120ml x 1 with DOS 5/10/14: Overturned

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

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

Decision rationale: Menthoderm contains methyl salicylate and menthol. Methyl salicylate is recommended and has been found to be significantly better than placebo in chronic pain. This is listed under salicylate topicals in the MTUS. Bengay is given as an example and it contains methyl salicylate and menthol. The section on topical analgesics does not specifically address this medication as does the section on salicylate topicals, therefore this decision is based on the MTUS guidelines specifically addressing salicylate topicals.

Omeprazole 20mg x 60 DOS 5/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Proton Pump Inhibitors.

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

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Therefore, omeprazole cannot be considered to be medically necessary.