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| Case Number: | CM14-0183368 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 02/19/2002 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 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 and Rehabilitation, has a subspecialty in Pain 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 38 year-old male with an original date of injury on February 19, 2002. The industrially related diagnoses include lumbar discogenic syndrome, postoperative chronic pain, and psychogenic pain disorder. The patient was using medications Tramadol, Mentherm gel, and Flexeril to help w his chronic pain. The patient has tried TENS unit, heat, acupuncture sessions and home exercise program. The disputed issues are the refill request for Omeprazole 20 mg quantity of 60 tablets and Mentherm gel 4oz bottle. A utilization review on October 3, 2014 has non-certified these requests. The rationale for denial of omeprazole 20 mg quantity was medical record did not clearly document specifically factor or question intestinal symptom requiring prophylaxis and treatment with omeprazole. Therefore this request was denied. Regarding the request for Mentherm gel 4 ounce, the utilization review sited the guidelines stating, this class of medication is mainly experimental in use with few randomized controlled trials to determine the efficacy or safety. In addition, the medical record provided did not clearly provide alternate rationale or indication for this topical treatment, therefore, the request 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: 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 Page(s): 68-69.

Decision rationale: On a progress note dating on 7/23/2014, there is documentation of the patient having a history of gastritis for which he has been taking Omeprazole since 2013. There is no documentation of symptomatic relief or monitoring of continuing need of medication while on Omeprazole. Based on the submitted documentation, the patient has been prescribed Omeprazole for more than 1 year. It is unclear whether his gastritis is related to taking oral NSAIDs, as there has been no documentation of the patient ever taking oral NSAIDs. Due to lack of evidence of improvement with Omeprazole, no clear indication for NSAIDs related dyspepsia, and lack of any other indication of this medication, the request for Omeprazole is not medically necessary.

Methoderm gel 4oz #1: Upheld

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): 111-113.

Decision rationale: Within the documentation provided, the patient has been using Methoderm since 11/26/2013, followed by Lidopro medication since 3/5/2014. There is no documentation of improvement in terms of percent pain reduction and reduced NRS, with the use of these topical treatments. In addition, there is no documentation of why patient could not tolerate oral NSAIDs to warrant the use of this topical medication. Furthermore, there's no reasoning provided why the patient was switched from Methoderm to Lidopro, and why the request was made to switch back at this time. In the absence of clarity regarding those issues, the currently requested Methoderm is not medically necessary.