

<b>Case Number:</b>	CM14-0210264		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/28/2011
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 56 year-old female with date of injury 08/26/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/03/2014, lists subjective complaints as pain in the right thumb. Patient is status post right thumb IP fusion and status post radial nerve neuroma excision and burial. Objective findings: Examination of the right elbow, wrist, and thumb revealed tenderness to palpation over the ulnar side of the thumb. Positive Tinel's sign at that level. Tenderness to palpation of the wrist. Patient had pain with forearm rotation. Diagnosis: 1. Status post right thumb IP fusion 2. Status post radial nerve neuroma excision and burial and continued pain in the radial sensory nerve distribution. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Mentherm Ointment SIG: up to four times daily 2. Omeprazole 20mg, #60 SIG: BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Mentherm ointment 120g Date of service- 4-03-14:** Upheld

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

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

**Decision rationale:** Methoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Methoderm Gel. Retrospective Methoderm ointment 120g Date of service-4-03-14 is not medically necessary.

**Restrospective omeprazole 20mg BID #60. Date of service 4-03-14:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Retrospective omeprazole 20mg BID #60. Date of service 4-03-14 is not medically necessary.