

<b>Case Number:</b>	CM14-0212944		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Texas, Ohio, 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:

The applicant is a represented [REDACTED] who has filed a claim for chronic neck and low back pain with derivative complaints of anxiety and psychological stress reportedly associated with an industrial injury of October 28, 2010. In a Utilization Review Report dated November 21, 2014, the claims administrator failed to approve requests for ranitidine, Norco, Methoderm, Calypso cream, and Soma. The claims administrator referenced a progress note dated October 15, 2014 in its determination. The applicant's attorney subsequently appealed. On said October 15, 2014 progress note, the applicant reported 7-9/10 neck and low back pain. The applicant posited that his pain was as high as 9/10 without medications versus 5/10 with medications. The applicant was on various topical compounded medications, in addition to Ambien. Soma, ranitidine, Methoderm gel, and Calypso cream were endorsed. A urine drug testing was performed. The applicant exhibited a visibly antalgic gait. The applicant's work status was not furnished. In an earlier note dated July 23, 2014, the applicant reported issues with neck pain, psychological issues, low back pain, and psychological stress. The applicant was given a diagnosis of acid reflux, NSAID-induced. The applicant was apparently using Prilosec for the same, it was stated. On April 7, 2014, the applicant was given several topical compounded medications, Soma, ranitidine, Norco, Terocin, Methoderm, and Xolido cream. The attending provider noted that the applicant was depressed. The attending provider did not make any mention of issues with reflux, heartburn, or dyspepsia on this occasion. The applicant reported 8-9/10 pain without medications versus 4-5/10 pain with medications. The applicant was placed off of work, on total temporary disability, via the July 23, 2014 progress note.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine150mg/ tab #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www. rxlist.com/zantac-drug.htm](http://www.rxlist.com/zantac-drug.htm)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management NSAIDs, GI Symptoms, and Cardiovasc.

**Decision rationale:** No, the request for ranitidine, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine are indicated in the treatment of NSAID-induced dyspepsia, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the attending provider did not clearly outline whether or not ongoing usage of ranitidine (or, for that matter, ongoing usage of Prilosec) have or have not attenuated the applicant's symptoms of reflux. Therefore, the request was not medically necessary.

**Norco 10/325mg/ tab #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is off of work, on total temporary disability, per a July 23, 2014 progress note, referenced above. While the attending provider did recount some reductions in pain scores achieved as a result of ongoing medication usage, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Menthoderm Gel #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/cdi/menthoderm-cream.html](http://www.drugs.com/cdi/menthoderm-cream.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

**Decision rationale:** Similarly, the request for Menthoderm gel, a salicylate topical, was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Menthoderm are indicated in the chronic pain context present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the attending provider has failed to outline any evidence of meaningful or material improvements in function achieved as a result of ongoing Menthoderm usage. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. The attending provider failed to outline any meaningful or material improvements in function achieved as a result of ongoing Menthoderm usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Calypso cream 113gm:** 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 Salicylate Topicals Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Calypso Medication Guide.

**Decision rationale:** Similarly, the request for Calypso cream was likewise not medically necessary, medically appropriate, or indicated here. As noted by the National Library of Medicine (NLM), Calypso is an amalgam of methyl salicylate and Menthol. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Calypso are indicated in the chronic pain context present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider has not furnished a clear or compelling rationale for provision of two separate salicylate topicals, Calypso and Menthoderm. Therefore, the request was not medically necessary.

**Soma 350mg/ tab #60:** 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 Carisoprodol Page(s): 29.

**Decision rationale:** The request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant is seemingly using carisoprodol on a long-term basis. Several office visits, referenced above, alluded to the applicant's using carisoprodol (Soma) on those dates. The applicant is apparently concurrently using Norco, an opioid agent. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.