

<b>Case Number:</b>	CM14-0031161		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37-year-old female who reported an injury on 03/30/2010. The mechanism of injury was not provided. She was diagnosed with cervical and thoracic strain and sprain. Her past treatments were noted to include medications, chiropractic therapy, TENS unit, and lumbar epidural steroid injection. The clinical documentation dated 11/26/2013 was handwritten and largely illegible. Within the discernable documentation, the injured worker reported neck, right hand, and low back pain. It was noted that her symptoms increased with work activities. Upon physical examination of the lumbar spine, he was noted to have tenderness at L4-5, a positive straight leg raise test on the right, and normal strength. His current medications were noted to include Lidoderm, pantoprazole for GI upset with meals, Norco 7.5/325 mg, Soma 350 mg, and a trial for Methoderm for pain. Treating physician indicated current medications are needed for pain. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for pantoprazole is not medically necessary. The California MTUS Guidelines indicate that a patient is at risk for gastrointestinal events if they are age over the age of 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or are on high dose/multiple NSAIDs. A nonselective NSAID is recommended for patients with no risk factors and no cardiovascular disease. The injured worker was noted to be on pantoprazole since at least 11/2013. The clinical documentation submitted for review does not provide evidence that the patient was at risk for, or had a history of, a gastrointestinal event reported by the patient. Additionally, there is a lack of documentation of gastrointestinal upset. Furthermore, there is no indication that the patient is on concurrent use of ASA, corticosteroids, and/or anticoagulants. Furthermore, there was no evidence of risk factors of cardiovascular disease. Therefore, a nonselective NSAID would be recommended. Based on the documentation, continued use of the medication would not be supported by the guidelines. Additionally, the request as submitted does not specify a frequency of use. As such, the request is not medically necessary.

**Menthoderm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 105, 111-113.

**Decision rationale:** The request for Mentoderm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Mentoderm contains Menthol and methyl salicylate. The guidelines recommend salicylate topicals to aid with chronic pain. The submitted documentation did not indicate that the injured worker had not been responsive to or was intolerant to other treatments, such as failure of antidepressants and anticonvulsants. There is also no rationale indicating why the injured worker required topical ointment versus oral medication. The dose, quantity, and frequency for the requested medication was also not provided. In the absence of this information, the request is not supported. As such, the request is not medically necessary.

**Lidoderm #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The request for Lidoderm #30 is not medically necessary. The California MTUS Guidelines recommend for localized peripheral pain after there has been evidence of a trial of first line therapy to include tricyclic, serotonin norepinephrine reuptake inhibitors, antidepressants, or an antiepilepsy drug such as gabapentin or Lyrica. The injured worker was noted to be on Lidoderm patch since at least 11/2013. The submitted documentation did not indicate that the injured worker had not been responsive to, or was intolerant to, a trial of first line therapy. Also, the frequency for medication was not provided. Additionally, the efficacy of the medication was not provided. Given the above information, the request is not medically necessary.