

<b>Case Number:</b>	CM15-0110238		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Emergency 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 injured worker is a year old female, who sustained an industrial injury on November 21, 2007, incurring upper back and lower back injuries. She was diagnosed with cervical degenerative disc disease and lumbar degenerative disc disease. Treatment included anti-inflammatory drugs, lumbar epidural steroid injection, occipital nerve blocks, muscle relaxants, proton pump inhibitor, pain medications, topical analgesic creams, and work restrictions. Currently, the injured worker complained of ongoing neck pain with radiation into the left upper extremity. She complained of persistent numbness, tingling and weakness. There is increased lower back and lower extremity pain with numbness and tingling and restricted range of motion. X rays of the cervical spine demonstrated collapse of cervical discs and narrowing of the cervical joint. The treatment plan that was requested for authorization included prescriptions for Omeprazole, Dendracin lotion and Meloxicam.

### 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on meloxicam but in this review and on UR, it is not medically recommended. Since NSAIDs are not recommended in this patient, Prilosec/Omeprazole is not medically necessary.

**Dendracin lotion #240ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 111-112.

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

**Decision rationale:** Dendracin is a topical medication containing several compounds. it contains methyl-salicylate, capsaicin and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. Patient's pain is spinal and patient has been on this medication chronically therefore it is not medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. Since patient's pain is poorly controlled with no noted improvement with capsaicin or a successful trial, it is not medically necessary. 3) Menthol: there is no information about menthol in the MTUS. The 2 main active ingredients are not medically recommended therefore dendracin is not medically necessary.

**Meloxicam 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam Page(s): 72.

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

**Decision rationale:** Meloxicam is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain but less so in other types of pains. Due to significant side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on meloxicam chronically with no documented objective improvement while having significant gastrointestinal issues. Chronic use of meloxicam is not supported by documentation and is therefore not medically necessary.

