

<b>Case Number:</b>	CM15-0110654		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: 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 injured worker is a 51-year-old female, who sustained an industrial injury on November 7, 2014. The injured worker was diagnosed as having cervical, thoracic, lumbar, left shoulder, left elbow, left wrist and left hand sprain/strain. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included chiropractic therapy and medication. A progress note dated March 2, 2015 provides the injured worker complains of neck and back pain. Physical exam notes cervical, shoulder and lumbar tenderness. The plan includes chiropractic treatment, physiotherapy and magnetic resonance imaging (MRI). There is a request for omeprazole and Methoderm gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** 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 NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for omeprazole 20mg #30 is not medically necessary.

**Menthoderm gel 240gm:** Overturned

**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 Section, Topical Analgesics Section Page(s): 104, 111-113.

**Decision rationale:** Menthoderm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The injured worker is reportedly experiencing benefit from the use of menthoderm gel. The request for Menthoderm gel 240gm is medically necessary.