

<b>Case Number:</b>	CM15-0116200		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 51-year-old female with an industrial injury dated 12/16/2008. The injury is documented as occurring when she stepped into a drainage ditch with her right leg causing her knee to lock and twist. On 01/02/2009, she was still working and was carrying crates down the stairs when she experienced low back pain. Her diagnoses included lumbosacral strain/arthrosis/discopathy with central and foraminal stenosis and right knee status post arthroscopic partial medial meniscectomy with patellofemoral syndrome and lateral patellar facet over load. Comorbid conditions were asthma and hypothyroidism. Prior treatment included right knee arthroscopy, physical therapy and acupuncture to lumbar spine. She had 2 epidural injections which helped considerable but only temporarily. She presents on 04/22/2015 with complaints of low back pain. The pain varies in intensity and radiates to other areas. She also complained of right knee pain described as occasionally sore, dully, achy, sharp and stabbing. Physical examination noted a mildly antalgic gait with pain referred to the low back and right leg. There was tenderness to palpation over the midline of the mid and low lumbar spine, bilateral paraspinal, bilateral buttocks and bilateral posterior superior iliac spines. She complained of pain at the extremes of lumbar range of motion. Exam of the right knee noted diffuse tenderness to palpation over the knee. The provider documents the following: The patient is requesting a refill of her Motrin and Omeprazole. If she does not take the Omeprazole while taking the Motrin she has abdominal complaints. The patient however cannot take the Motrin even with the Omeprazole every day. Instead she has been using Medrox patches. Treatment plan included diagnostic testing and medications. The following requests were authorized: EMG/NCV of right lower extremity, EMG/NCV of left lower extremity and Motrin 600 mg #60. The treatment request for review is for Medrox patches #30 and Omeprazole 20 mg #60 (twice per day).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 (twice per day): Upheld**

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

**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. Patient is chronically on motrin, which was denied on utilization. There are "stomach" complaints unfortunately, there is no details of what these complaints are. Documentation specifically stated that patient cannot tolerate motrin even with prilosec and therefore prilosec is not effective. Since motrin is not recommended and prilosec has been ineffective in treating "stomach" complaints, Omeprazole is not medically necessary.

**Medrox Patches #30: Upheld**

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

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

**Decision rationale:** Medrox is a combination topical medication. It contains capsaicin, methyl-salicylate and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. Should not be used long term. Pt has been on this chronically with no documentation of improvement. Not recommended. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using current therapy or failure of other 1st line treatment to even recommend a trial of capsaicin. It is not medically necessary. 3) Menthol: No data in MTUSAs per MTUS guidelines since all components are not recommended, the combination medication is not medically necessary.