

Case Number:	CM15-0077583		
Date Assigned:	04/29/2015	Date of Injury:	02/02/2008
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, New York, 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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 2, 2008. In a Utilization Review report dated April 2, 2015, the claims administrator failed to approve requests for omeprazole and Methoderm. A March 25, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated October 10, 2014, the applicant was given diagnoses of diabetes, hypertension, and obesity. Glipizide and metformin were renewed. The note was very difficult to follow and not altogether legible. On November 13, 2014, various medications, including Tylenol No. 3 were refilled. The applicant reported persistent complaints of low back pain. The applicant's work status was not furnished. Computerized range of motion testing was sought. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this occasion. In a handwritten note dated February 13, 2015, Motrin, Methoderm, and omeprazole were endorsed. 7/10 low back pain complaints were reported. Once again, there was no mention of the applicant's issues with reflux, heartburn, and/or dyspepsia. There was no discussion of medication efficacy evident on this date. It was not established whether Methoderm was a first-time request or a renewal request. The applicant's work status was stated, although it did not appear that the applicant was working. The attending provider seemingly suggested that he would defer any position on work status to an Agreed Medical Evaluator (AME).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg: Upheld

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

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

Decision rationale: No, the request for omeprazole, 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 proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date in question on multiple progress notes, referenced above. Therefore, the request is not medically necessary.

Menthoderm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Similarly, the request for Mentoderm, 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 Mentoderm are indicated in the chronic pain context 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, however, the attending provider's handwritten documentation and commentary, including several recent progress notes, referenced above, failed to incorporate any discussion of medication efficacy. It was not clearly stated whether ongoing usage of Mentoderm had or had not generated functional improvement in terms of the parameters established in MTUS 9792.20e. The applicant's work and functional status were not clearly outlined, although the applicant did not appear to be working, pending an Agreed Medical Evaluation (AME). Therefore, the request is not medically necessary.