MAXIMUS Federal Services

Case Number:	CM15-0093455		
Date Assigned:	05/19/2015	Date of Injury:	08/11/2013
Decision Date:	07/13/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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 43 year old male, who sustained an industrial injury on 08/11/2013. He reported that he was on top of a grill cleaning the top wall when he slipped and fell, landing in a sitting position. According to a progress report dated 04/29/2015, the injured worker continued to have pain in mid, lower back as well as the hip. Pain was radiating down both left and right leg. Pain level was rated 6-7 on a scale of 0-10. He was currently taking medications and did feel minor improvement with medication. Assessment included thoracic sprain and lumbar sprain. The treatment plan included urine toxicology screen, Hydrocodone 2.5/325mg one by mouth every day #30 as needed for severe pain, Menthoderm Gel 120 grams and Omeprazole 20mg one by mouth twice a day #60 for stomach protection. The injured worker was to continue home exercise. He was scheduled for a Qualified Medical Examination in May of 2015. He was to return for a follow up visit in 4 to 5 weeks. Currently under review is the request for Menthoderm Gel 120 grams and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120gm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals SectionTopical 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 request for Menthoderm gel 120gm is determined to be medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker has had previous GI events with the use of NSAIDs or that he is at increased risk of gastrointestinal events. The request for Omeprazole 20mg #60 is determined to not be medically necessary.