

<b>Case Number:</b>	CM14-0184751		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 [REDACTED] beneficiary who has filed a claim for neck, low back, shoulder, elbow, and forearm pain reportedly associated with an industrial injury of June 15, 2014. In a Utilization Review report dated October 15, 2014, the claims administrator failed to approve requests for Mentherm gel and omeprazole apparently prescribed and/or dispensed on or around September 9, 2014. Naproxen, conversely, was approved. The applicant's attorney subsequently appealed. On said September 9, 2014 office visit, the applicant reported ongoing complaints of neck, shoulder, low back, and chest wall pain with derivative complaints of headaches, 6-9/10. The applicant also reported issues with psychological stress. The applicant was not reportedly taking any medications prior to the date, the treating provider suggested. Naproxen, omeprazole, and Mentherm gel were endorsed. The attending provider seemingly framed the request as a first-time request. The applicant's past medical history was negative, it was reported. There was seemingly no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on the 17-page note. The applicant had apparently been terminated by his former employer, it was stated. It was not stated for what purpose omeprazole had been employed. While stating in one section of the note that the applicant was not using any medications, the attending provider did state toward the top of the note that the applicant was currently using ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Mentherm Gel 240gm DOS: 9/9/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** No, the request for topical Mentherm gel was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the Mentherm gel at issue are deemed "not recommended" as part of an initial approaches to treatment. Here, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals to include naproxen effectively obviated the need for the topical Mentherm agent in question. Therefore, the request was not medically necessary.

**Retrospective request for Omeprazole 20mg #60 DOS: 9/9/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, usage of NSAIDs can "cause gastrointestinal irritation or ulceration." Here, the applicant was described in certain sections of September 9, 2014 progress note as employing 2 separate NSAIDs, naproxen and ibuprofen (Motrin). Provision of omeprazole for what appeared to be cytoprotective effect purposes was, thus, indicated in the face of the applicant's seeming concurrent usage of 2 anti-inflammatory medications, naproxen and Motrin. Therefore, the request was medically necessary.