

<b>Case Number:</b>	CM13-0004959		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old male who sustained a work related injury on 07/15/1998. The patient's diagnoses include cervical pain and radiculopathy. The most recent progress report dated 11/20/2013 documented subjective complaints of moderate axial pain with intermittent severe flares. The patient described the pain as aching and burning with radiation into the bilateral shoulders and bilateral arms. Objective findings revealed increased cervical lordosis with muscle spasm, mildly positive Spurling's maneuver, presence of myofascial trigger points, and limited range of motion. Strength was decreased in the bilateral C5 muscles, reflexes were depressed in the left C5 biceps, and sensation was diminished to the lateral upper arms in the C5 distribution. Treatment plan included continuation of the medication regimen to include Terocin, diclofenac, Fentanyl patch, and omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #120 for DOS: 5/14/13:** 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 Page(s): 69-69.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID induced dyspepsia. The clinical information submitted for review lacks subjective or objective documentation of the presence of dyspepsia, either NSAID induced or standalone. As such, there is no indication for the requested medication. Therefore, the request for retrospective pharmacy purchase of Omeprazole 20mg, #120 for DOS 5/14/13 is non-certified.

**Retrospective pharmacy purchase of Terocin 120ml for DOS: 5/14/13: 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Physician Reviewer's decision rationale: Terocin lotion is a topical compound made up of methyl salicylate, lidocaine, capsaicin, and menthol. California MTUS Guidelines do not recommend the use of lidocaine for topical use other than in a dermal patch formulation. Guidelines further indicate that, if 1 of the medications in a topical compound is not recommended, the topical compound as a whole cannot be recommended. Therefore, based on guideline recommendations, the request for retrospective pharmacy purchase of Terocin lotion 120ml for DOS 5/14/13 is non-certified.