

<b>Case Number:</b>	CM13-0007763		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/26/2005
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 claimant is a 45 year old male [REDACTED] injured on 05/26/05 while he was putting down a 100 lb box and experienced pain over Lumbar spine. Lumbar spine CT scan showed intervertebral fusion at L5-S1, pars defects bilaterally at L5, a 3mm slip of L5 on S1, minimal disk bulging 2mm at L3-L4 and L4-L5. With diagnosis of Cervical spine sprain/strain; herniated nucleus pulposus, negative EMGINCV, possible carpal tunnel syndrome and mild ulnar neuropathy per EMG of April 26, 2012, was recommended for increase the hours of home health care. In the most recent medical report dated 05/31/13 by [REDACTED]; Subjective: The patient presents complaining of constant slight to intermittent moderate and occasionally severe low back pain, which radiates down the lower extremities to the feet with numbness and tingling, left greater than right. He wears a lumbar support and ambulates with a cane. He complains of constant slight to intermittent moderate and occasionally severe neck pain, which radiates down the upper extremities to the hands and fingers with numbness and tingling. He notes weakness of both arms and hand. He is not undergoing physical therapy treatment. He is taking ' Lorcet Plus, Ambien, Protonix, and applies Terocin cream. He is not working. Objective: Examination of - the cervical spine reveals palpatory tenderness over the paracervical musculature bilaterally. Flexion is 30 degrees. Extension is 10 degrees with severe pain. Left lateral flexion is 20 degrees. Right lateral flexion is 15 degrees. Examination of the lumbar spine reveals flexion is 30 degrees. Extension is 5 degrees. Lateral flexion is 10 degrees bilaterally. There is pain elicited with range of motion, worse with extension. Seated straight leg raise test is positive bilaterally, left greater than right with pain radiating down the posterior legs to the feet. There are palpable spasm of the paralumbar musculature bilaterally and severe palpatory tenderness adjacent to L4-5 and L5-S1 bilaterally. Diagnosis: Cervical spine sprain/strain; herniated nucleus pulposus, negative

EMG/NCV, January 27, 2009; 4 mm disc protrusion at C4-5, 2 mm disc osteophyte complex with unilateral stenosis at C5-6 and C6-7, per MRI, April 20, 2012. Status post foraminotomy and micro neurolysis, left L5-S1, September 28, 2009; status post prior anterior lumbar interbody fusion with in-fill cage, L5-S1, November 26, 2007. Possible carpal tunnel syndrome, mild ulnar neuropathy, per EMG, April 26, 2012. Treatment Plan: Recommend his home health continue four hours a day, seven days a week for an additional six weeks. The patient had a court date in April to increase the hours of home health care; however, the court date was postponed until October 2013. The patient is dispensed Norco 10/325 mg, quantity 120, one pill every 4-6 hours for pain; Ambien 10 mg, quantity 30, one pill at night for sleep and Protonix 20 mg, quantity 60, 1-2 pills per day to protect the stomach and prevent gastrointestinal upset and Terocin cream 120 ml, two tubes as a topical analgesic, to be applied twice daily. He remains temporarily totally disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dispensed Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section of NSAID, GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** Protonix is recommended with precautions in patients taking NSAID, because of potential development of gastro-intestinal bleeding. Norco does not have NSAID properties, and therefore the addition of Protonix is not related to Norco therapy. Norco is used to relieve moderate to severe pain. It is a combination of hydrocodone, a narcotic pain reliever, and acetaminophen, an analgesic pain reliever. Common side effects include nausea, vomiting, constipation, lightheadedness, dizziness, or drowsiness. According to Chronic Pain Medical Treatment Guidelines page 68 (MTUS -Effective July 18, 2009) clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient does not fall into any of these categories; hence the guideline does not apply to this patient. In addition, the medical record reviewed indicated that the gastro-intestinal examination was normal and the patient is not taking NSAIDs. Based on the foregoing, the request for Protonix 20mg #60 is not medically necessary.

**Dispensed Terocin cream 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pain-topical analgesics lidocaine.

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

**Decision rationale:** Terocin lotion is a topical analgesic containing the following active ingredients: Capsaicin, Lidocaine, Menthol and Salicylate. According to Chronic Pain Medical treatment guidelines MTUS section on topical analgesics, pages 111 to 112, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines. Therefore request to Dispensed Terocin cream 120ml is not medically necessary.