MAXIMUS Federal Services

Case Number:	CM13-0008219		
Date Assigned:	09/16/2013	Date of Injury:	03/11/2009
Decision Date:	02/07/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/07/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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:

This is patient with a date of injury of 3/11/09. A utilization review determination dated 8/1/13 recommends non-certification of omeprazole and Terocin cream. A progress report dated 6/26/13 identifies subjective complaints including continued pain in neck and low back. Neck pain can radiate up to the back of her head. Her pain has been improved since she has been doing acupuncture. She sometimes feels cramping in her right leg with walking. Objective examination findings identify cervical, thoracic, and lumbar spine myofascial TTP. Diagnoses include post traumatic headache unspecified, thoracic sprain/strain, lumbar degenerative disc disease, sacroiliac strain, diabetes non-industrial, and hypercholesterolemia non-industrial. Treatment plan recommends naproxen, omeprazole, Terocin, TENS patches, and continue with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: 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. Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole, California MTUS supports the use of proton pump inhibitors for patients with a high risk of GI complications or with dyspepsia secondary to NSAID use. It is also supported in the management of conditions such as GERD. Within the documentation available for review, there is no documentation of any of these conditions. In the absence of such documentation, the currently requested omeprazole is not medically necessary.

Terocin Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Terocin, California MTUS notes that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, there is no documentation of an indication for any of the above mentioned components of this topical medication based on the CA MTUS criteria. In the absence of such documentation, the currently requested Terocin is not medically necessary.