

<b>Case Number:</b>	CM13-0011234		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 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:

According to the records made available for review, this is a 45-year-old female patient, status post injury of 11/22/10. At the time of request for authorization for Protonix 20mg #60 BID, Terocin 120ml x 4 bottles, and Anaprox 550mg #60 BID, there is documentation of subjective low back pain radiating to the right leg with numbness and tingling) and objective (decreased lumbar spine range of motion and positive straight leg raise bilaterally. Current findings include: imaging studies; current diagnosis is displacement of intervertebral disc and tenosynovitis of foot and ankle. Treatment to date has consisted of Physical therapy and medications. There is no documentation of evidence of gastritis, peptic ulcer disease, or preventing gastric ulcers induced by NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Section on Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of a diagnosis of displacement of intervertebral disc and tenosynovitis of foot and ankle and utilization of Protonix since 1/17/13. However, despite documentation of an associated request for Anaprox (NSAID), there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, age > 65 years, and that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg #60 BID is not medically necessary.

**Terocin 120ml x 4 bottles:** Upheld

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

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

**Decision rationale:** Terocin is a topical pain relief lotion that contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Within the medical information available for review, there is documentation of a diagnosis of displacement of intervertebral disc and tenosynovitis of foot and ankle. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin 120ml x 4 bottles is not medically necessary

**Anaprox 550mg #60 twice a day (BID):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of relief of the signs and symptoms of osteoarthritis, chronic low back pain, and acute exacerbations of chronic pain as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of a

diagnosis of displacement of intervertebral disc and tenosynovitis of foot and ankle, pain in the lower back and leg, as well as utilization of Anaprox since at least 3/17/11. Therefore, based on guidelines and a review of the evidence, the request for Anaprox 550mg #60 BID is medically necessary.