

<b>Case Number:</b>	CM13-0019357		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/11/2005
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Internal Medicine 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 a 62-year-old male with work-related injury of low back, left ankle, left knee, and left shoulder on October 11, 2005. Lumbar MRI dated August 24, 2006 showed L5-S1 disc protrusion and moderate bilateral foraminal narrowing. He also has L3/L4 mild bilateral foraminal narrowing and L2/L3 mild bilateral foraminal narrowing. The patient also underwent epidural steroid injections on July 26, 2013 and feels better with leg numbness and tingling. The patient was also given Omeprazole, Neurontin, Savella, and Terocin lotion. The issue of dispute is necessity of the medications such as Omeprazole, Savella, and Terocin. Neurontin has been approved but the other medications have been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Omeprazole is a proton pump inhibitor and is used in treatment of duodenal and gastric ulcers, symptomatic GERD as well as erosive esophagitis and hypersecretory conditions. Based on the clinical documentation presented here, there is no evidence that the

patient has any of the above conditions. There is no clear history, subjective complaints, and objective findings per history that the patient has a GI condition and will require PPI nor is he at risk for a GI event for which PPI is recommended. Based on the records provided and MTUS Guidelines recommendations, the omeprazole is not indicated

**Savella 12.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Savella (milnacipran) is a dual serotonin and norepinephrine reuptake inhibitor (SNRI) and has been approved for the treatment of the depression outside of U.S. It is under study as a treatment for fibromyalgia syndrome. Based on review of the records, there has been no discussion of such indication for which Savella is being prescribed. After reviewing medical guidelines MTUS, there is no indication of Savella for the treatment in this case.

**Terocin lotion x 2:** Upheld

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

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

**Decision rationale:** Terocin is methyl salicylate 25%, menthol 10%, capsaicin 0.025%, and lidocaine 2.5%. There has been no discussion of medical indication for each of active ingredients in a compound or rationale that will support use of the compound. Capsaicin is recommended only as option in patients who have not responded or intolerant to other treatments. There is no evidence that the patient is currently intolerant to other treatments. Menthol and lidocaine is not indicated for the condition the patient has. The MTUS Guidelines state that topical compound is not recommended if at least one of the drugs in the compound is not recommended; therefore, multiple drugs in Terocin are not recommended. Therefore based on the MTUS, this compound is not recommended.