

Case Number:	CM13-0023683		
Date Assigned:	11/15/2013	Date of Injury:	12/15/1999
Decision Date:	03/07/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/12/2013

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 Neurology has a subspecialty in Neuromuscular 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 patient sustained a work-related injury on December 15, 1999. She subsequently developed chronic neck and back pain as well as left shoulder pain and bilateral carpal tunnel syndrome. According to a progress note dated on June 17, 2013, the patient reported left shoulder and scapula pain. She was reported to have substantial improvement with epidural injection combined with physical therapy and pain medications. According to her progress note of August 19, 2013, the patient still complaining of left shoulder pain. Her MRI of the cervical spine demonstrated C5-C6 disc herniation. Her physical examination showed myofascial trigger point pain in the left shoulder, neck tenderness with limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine Sulfate 500mg, 270 tablets dispensed on 1/21/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Glucosamine Page(s): 50.

Decision rationale: According to MTUS guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis.

There is insufficient evidence to support the efficacy of glucosamine other than osteoarthritis. There is no clear evidence that the patient has arthritis pain in addition to her neuropathic pain. Therefore, the request of Glucosamine Sulfate 500mg 270 tablets dispensed on 1/21/13 is not medically necessary.

Omeprazole 20mg, 60 tablets dispensed on 1/21/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events or continuous use of NSAID. Therefore, Omeprazole 20mg 60 tablets dispensed on 1/21/13 is not medically necessary.

Omeprazole 20mg, 120 capsules, dispensed on 4/1/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events or continuous use of NSAID. Therefore, Omeprazole 20mg 120 capsules, dispensed on 4/1/13 is not medically necessary.

Omeprazole 20mg, 120 capsules dispensed on 4/15/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events or continuous use of NSAID. Therefore, Omeprazole 20 mg, 120 capsules, dispensed on 4/15/13 is not medically necessary

Glucosamine Sulfate 500mg 270 capsules, dispensed on 4/15/13: 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 Glucosamine Page(s): 50.

Decision rationale: According to MTUS guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insufficient evidence to support the efficacy of glucosamine other than osteoarthritis. There is no clear evidence that the patient has arthritis pain in addition to her neuropathic pain. Therefore, the request of Glucosamine Sulfate 500mg, 270 capsules, dispensed on 4/15/13 is not medically necessary.

Terocin Pain Relief Cream 240gms, dispensed on 4/15/13: 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.

Decision rationale: Terocin patch contains METHYL SALICYLATE 25g in 100mL, CAPSAICIN 0.025g in 100mL, MENTHOL 10g in 100mL, LIDOCAINE HYDROCHLORIDE 2.5g in 100mL. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. In addition, there is no clear

documentation of failure of first line oral medications in this case. Based on the above Terocin Pain Relief Cream 240gms, dispensed on 4/15/13 is not medically necessary.

Omeprazole 20mg, 120 capsules, dispensed on 6/17/13: 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): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events or continuous use of NSAID. Therefore, Omeprazole 20 mg, 120 capsules, dispensed on 6/17/13 is not medically necessary.

Glucosamine Sulfate 500mg 270 capsules, dispensed on 6/17/13: 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 Glucosamine.

Decision rationale: According to MTUS guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insufficient evidence to support the efficacy of glucosamine other than osteoarthritis. There is no clear evidence that the patient has arthritis pain in addition to her neuropathic pain. Therefore, the request of Glucosamine Sulfate 500mg, 270 capsules dispensed on 6/17/13 is not medically necessary.

Terocin Pain Relief Cream 240gm, dispensed on 6/17/13: 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.

Decision rationale: Terocin patch contains METHYL SALICYLATE 25g in 100mL, CAPSAICIN 0.025g in 100mL, MENTHOL 10g in 100mL, LIDOCAINE HYDROCHLORIDE

2.5g in 100mL. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. In addition, there is no clear documentation of failure of first line oral medications in this case. Based on the above Terocin Pain Relief Cream 240gm, dispensed on 6/17/13 is not medically necessary.

Terocin Pain Relief Cream 240gm, dispensed on 4/15/13: 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.

Decision rationale: Terocin patch contains METHYL SALICYLATE 25g in 100mL, CAPSAICIN 0.025g in 100mL, MENTHOL 10g in 100mL, LIDOCAINE HYDROCHLORIDE 2.5g in 100mL. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. In addition, there is no clear documentation of failure of first line oral medications in this case. Based on the above Terocin Pain Relief Cream 240gms, dispensed on 4/15/13 is not medically necessary.