

<b>Case Number:</b>	CM13-0024295		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive 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 expert 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 65-year-old female with an 8/5/03 date of injury. At the time (7/2/13) of request for authorization for Terocin pain relief Lotion 4oz QTY: 1.00, Omeprazole 20mg QTY: 90.00, and blood test QTY: 1.00, there is documentation of subjective (med and low back pain with left lower extremity symptoms) and objective (mildly antalgic gait, tenderness to palpation over the paralumbar musculature, and decreased lumbar spine range of motion) findings, current diagnoses (chronic low back pain, mechanical low back pain, lumbar radiculopathy, and multilevel degenerative disc disease), and treatment to date (physical therapy, acupuncture treatment, chiropractic treatment, lumbar epidural steroid injections, and medications (including ongoing treatment with Terocin and Omeprazole since at least 4/2/12, that continue to decrease her pain and normalize her function)). Medical report identifies that the patient denies any history of gastric ulcers or any current GI symptoms; and a request for a blood test to safely monitor the patient's medications regimen, specifically in regards to liver and kidney function. Regarding Omeprazole 20mg QTY: 90.00, there is no documentation of risk for gastrointestinal event 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:

**TEROCIN PAIN RELIEF LOTION 4OZ QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-9, 112-113..

**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 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 diagnoses of chronic low back pain, mechanical low back pain, lumbar radiculopathy, and multilevel degenerative disc disease. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on the guidelines and a review of the evidence, the request for Terocin pain relief Lotion 4oz QTY: 1.00 is not medically necessary.

**OMEPRAZOLE 20MG QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-69.

**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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, mechanical low back pain, lumbar radiculopathy, and multilevel degenerative disc disease. In addition, there is documentation of ongoing treatment with Omeprazole since at least 4/2/12. However, given documentation that the patient denies any history of gastric ulcers or any current GI symptoms, there is no documentation of risk for gastrointestinal event or preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg QTY: 90.00 are not medically necessary.

**BLOOD TEST QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** MTUS and ODG do not address the issue. The statutory basis for Medicare is found in Title 18 of the Social Security Act. Paragraph 1862(a) (1) (A) defines reasonable and necessary as those tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part. Tests and procedures defined as experimental by the Food and Drug Administration (FDA) or the Health Care Financing Administration (HCFA) are not considered reasonable. FDA approval does not also automatically mean medical necessity. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, mechanical low back pain, lumbar radiculopathy, and multilevel degenerative disc disease. In addition, given documentation of a rationale identifying a request for a blood test to safely monitor the patient's medications regimen, specifically in regards to liver and kidney function, there is documentation of a clearly stated rationale identifying why laboratory tests are needed. However, there is no documentation of the specific blood test(s) being requested. Therefore, based on guidelines and a review of the evidence, the request for blood test QTY: 1.00 is not medically necessary.