

Case Number:	CM13-0027570		
Date Assigned:	01/31/2014	Date of Injury:	08/17/2010
Decision Date:	05/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, 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 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:

The patient has submitted a claim for degenerative disc disease associated with an industrial injury date of August 17, 2010. Treatment to date has included home exercise program, left shoulder arthroscopic subacromial decompression, steroid injections for the shoulder, opioid and non-opioid pain medications, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of bilateral shoulder pain rated at 6/10 on the pain scale. There is also neck and low back pain rated at 5-6/10 on the pain scale. There is noted pain and numbness going down both arms and legs. Norco is noted to decrease pain, increased walking distance, and the ability to climb. On examination, there is no tenderness over the cervical and lumbar paraspinals. Range of motion for the cervical and lumbar spines were reduced in all planes. There was decreased sensation over the left C5, C6, C7, and T8 dermatomes as well as left L4, L5, and S1 dermatomes. Motor strength in the lower extremities was slightly reduced. Range of motion of the left shoulder was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TEROGIN LOTION 4OZ: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations, other than brand Lidoderm, of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient has been using Terocin since July 2013. However, while the patient presents with chronic pain complaints and was followed at monthly intervals over the past several months, specific response to Terocin treatment was not assessed. It was not clearly documented why Terocin lotion was first initiated, and ongoing repeat prescriptions were not based on assessment of treatment response. In addition, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at Final Determination Letter for IMR Case Number CM13-0027570 4 least one drug (or drug class) that is not recommended is not recommended Terocin contains several ingredients that are not recommended. Therefore, the request for Terocin was not medically necessary.

PRESCRIPTION OF OMEPRAZOLE 20MG #30: 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.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been utilizing omeprazole since July 2013. However, there have been no subjective findings concerning GI complaints. There has been no discussion concerning increased risk for GI events for this patient. Therefore, the request for omeprazole is not medically necessary.

PRESCRIPTION OF HYDROCODONE/APAP 5/325MG #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has chronic neck, low back, and left shoulder pain. The patient has been taking Norco since July 2013. Norco is noted to decrease pain, increased walking distance, and the ability to climb. The patient is compliant and closely monitored. Given functional improvements and pain relief, the request for Norco is medically necessary.