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| Case Number: | CM13-0033392 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 06/06/2005 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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 New York. 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:

The patient is a 53 year old female with a history of injury 06/06/05. Her diagnoses include cervical sprain with disc disease, high blood pressure, diabetes, and bicipital tendinitis. She complains of neck pain (4/10), left shoulder pain (7/10), and left shoulder pain (6/10) during a 3/13 doctor visit. She has been on Flexeril, Ultracet, Naprosyn, and Prilosec, since at least 10/12. A request for various meds was denied by utilization review on 9/17/13. This was appealed on 10/6/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, dispensed QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The ACOEM guidelines state that the safest effective medication for acute musculoskeletal problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies

have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The MTUS guidelines state that for osteoarthritis, (including knee and hip), the medication is recommended at the lowest dose for the shortest period. This pt has been on NSAIDs since at least 10/12. Based on these guidelines, the request for the medication is non-certified.

Prilosec 20mg, dispensed QTY: 120.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physicians' Desk Reference

Decision rationale: According to the PDR (Physicians' Desk Reference) guidelines, omeprazole is indicated for short-term treatment of active duodenal ulcer (DU) and active benign gastric ulcer (GU) in adults. The treatment of heartburn and other symptoms associated with gastroesophageal reflux disease (GERD) in adults and pediatric patients. Short-term treatment and maintenance of healing of erosive esophagitis (EE) in adults and pediatric patients. Long-term treatment of pathological hypersecretory conditions (eg, Zollinger-Ellison syndrome, multiple endocrine adenomas, systemic mastocytosis) in adults. Combination therapy with clarithromycin +/- amoxicillin in Helicobacter pylori infection and DU disease for H. pylori eradication in adults' clostridium difficile-associated diarrhea (CDAD), especially in hospitalized patients. The medication may increase risk for osteoporosis-related fractures of the hip, wrist, or spine, especially with high-dose and long-term therapy. The guidelines recommends to use lowest dose and shortest duration appropriate to the condition being treated. The patient has been on this medication since at least 10/12. There is no documentation of ulcer, esophagitis, or heartburn unresponsive to antacids or H2 blockers. Based on these guidelines, the request is non-certified.

Lido Pro topical lotion, dispensed QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, and 112.

Decision rationale: According to the MTUS guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (antiepileptic drug) such as gabapentin. This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Based on these guidelines, the request is non-certified.

Terocin patches, dispensed QTY: 20.00: Upheld

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

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

Decision rationale: Per MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for non neuropathic pain. There was no superiority over placebo for chronic muscle pain. Further research is needed to recommend lidocaine for chron neuropathic pain disorders other than post-herpetic neuralgia. Topical lidocaine, other than lidoderm, is not indicated for neuropathic pain. Furthermore, the Food and Drug Administration (FDA) notified in 2007 of the potential hazards of topical lidocaine. Capsaicin is recommended only as an option in patients who have not responded to other treatment. The record doesn't show that this is the case. The records do not indicate why the terocin was prescribed. Based on guidelines, the request is not certified.

Naproxen sodium 550mg, QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The ACOEM guidelines state that the safest effective medication for acute musculoskeletal problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The MTUS guidelines state that for osteoarthritis, (including knee and hip), the medication is recommended at the lowest dose for the shortest period. This patient has been on NSAIDs since at least 10/12. Based on these guidelines, the request is non-certified.

Prilosec 20mg, QTY: 120.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physicians' Desk Reference)

Decision rationale: According to the PDR (Physicians' Desk Reference) guidelines, omeprazole is indicated for short-term treatment of active duodenal ulcer (DU) and active benign gastric ulcer (GU) in adults. The treatment of heartburn and other symptoms associated with gastroesophageal reflux disease (GERD) in adults and pediatric patients. Short-term treatment and maintenance of healing of erosive esophagitis (EE) in adults and pediatric patients. Long-term treatment of pathological hypersecretory conditions (eg, Zollinger-Ellison syndrome, multiple endocrine adenomas, systemic mastocytosis) in adults. Combination therapy with clarithromycin +/- amoxicillin in Helicobacter pylori infection and DU disease for H. pylori eradication in adults' clostridium difficile-associated diarrhea (CDAD), especially in hospitalized patients. The medication may increase risk for osteoporosis-related fractures of the hip, wrist, or spine, especially with high-dose and long-term therapy. The guidelines recommends to use lowest dose and shortest duration appropriate to the condition being treated. The patient has been on this med since at least 10/12. There is no documentation of ulcer, esophagitis, or heartburn unresponsive to antacids or H2 blockers. Based on these guidelines, the request is non-certified.

Lido Pro topical lotion, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The MTUS guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (antiepileptic drug) such as gabapentin. This is not a first-line treatment and is only FDA (Food and Drug Administration) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Based on these guidelines, the request is non-certified.

Terocin patches, QTY: 20.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112, & 146.

Decision rationale: Per MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for non neuropathic pain. There was no superiority over placebo for chronic muscle pain. Further research is needed to recommend lidocaine for chron neuropathic pain disorders other than post-herpetic neuralgia. Topical lidocaine, other than lidoderm, is not indicated for neuropathic pain. Furthermore, the FDA (Food and Drug Administration) notified in 2007 of the potential hazards of topical lidocaine. Capsaicin is recommended only as an option in patients who have not

responded to other treatment. The record doesn't show that this is the case. The records do not indicate why the terocin was prescribed. Based on guidelines, the request is non-certified.