

Case Number:	CM13-0034542		
Date Assigned:	12/11/2013	Date of Injury:	07/24/2012
Decision Date:	07/08/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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 injured worker is a 63-year-old with a reported date of injury on July 24, 2012. The mechanism of injury was reported as a fall. The injured worker presented with thoracic pain and low back pain. In addition, the injured worker lost 50% of his hearing related to a head injury that occurred during the fall. The injured worker stated that he had frequent leg spasms, he denied any numbing or tingling. The CT of the cervical spine dated July 24, 2012 revealed no acute fracture or subluxation of cervical spine. The lumbar spine CT revealed a T12 vertebral body with comminuted fracture of the T12 vertebral body which involved the anterior and middle column. According to the documentation provided, the injured worker began taking omeprazole on August 2, 2012, with an additional request to be seen by a gastroenterologist. Documentation indicated the injured worker underwent T12 laminectomy for decompression on September 26, 2012. According to the clinical notes dated August 20, 2013, the injured worker stated that pain was relieved by walking and medication. Thoracic range of motion was revealed as flexion to 45 degrees, right and left rotation to 30 degrees. Lumbar range of motion revealed 10 degrees flexion, right lateral bend to 10 degrees, and left lateral bend to 15 degrees. In addition, the bilateral hip range of motion was revealed to be within normal limits bilaterally. The injured worker's diagnoses include burst fracture T12, status post open reduction and internal fixation with pedicle screw T11 to L1 and chronic lumbosacral sprain/strain. The injured worker's medication regimen included amlodipine, metoprolol, Lopressor, simvastatin, HCT, lorazepam, Prilosec, ASA, Baclofen, Relafen, and Norco. The request for authorization for Terocin-topical, naproxen 550 mg, and Protonix 20 mg was submitted on October 9, 2013. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN-TOPICAL: 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, Lidocaine Page(s): 112.

Decision rationale: Terocin contains lidocaine and menthol. According to the Chronic Pain Medical Treatment Guidelines, lidocaine is indicated for neuropathic pain. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include (tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) antidepressants or an AED (anti-epileptic drug) such as gabapentin or Lyrica). Topical lidocaine in the formulation of an epidermal patch, called Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The rationale for the request for Terocin-topical was not provided within the documentation available provided for review. The injured worker does not have signs of neuropathic pain. Within the documentation provided the injured worker states he does not have numbness or tingling. In addition, the request as submitted failed to provide frequency or specific site at which the Terocin-topical was to be utilized. The request for Terocin Topical is not medically necessary or appropriate.

NAPROXEN 550MG: 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 NSAIDs Page(s): 67.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for the lowest dose for the shortest period of time in injured workers with moderate to severe pain. There is no evidence of long term effectiveness for pain or function. In addition, NSAIDs are recommended as a second line treatment. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. Within the documentation available for review, it is unclear as to the duration at which the injured worker has been utilizing naproxen. In addition, there is a lack of objective clinical findings of therapeutic effect with the use of naproxen. In addition, the request as submitted failed to provide the frequency for the naproxen to be used and the number of naproxen requested. The request for Naproxen 550 mg is not medically necessary or appropriate.

PROTONIX 20MG: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, PPIs would be utilized by injured workers who have been determined to have a risk for gastrointestinal events. The criteria would include the injured worker would be greater than 65 years old; history of peptic ulcer; GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants; or high-dose multiple NSAID use. Although the clinical information states the injured worker started taking omeprazole in 09/2012, the additional prescription for Protonix is unclear. There is a lack of documentation related to GI upset or gastrointestinal events or risk. In addition, the request as submitted failed to provide frequency for use of Protonix and the amount requested with the prescription. The request for Protonix 20 mg is not medically necessary or appropriate.