

<b>Case Number:</b>	CM13-0034756		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 female injured worker who sustained a work-related injury on 03/31/2008. The patient's diagnoses include cervical disc protrusion, lumbar spinal stenosis, and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol and 1cc B12 injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B.

**Decision rationale:** The California MTUS guidelines state that Toradol "is not indicated for minor or chronic painful conditions". The Official Disability Guidelines do not recommend the use B12 "for treating peripheral neuropathy as its efficacy is not clear". There is no clinical information submitted for review to determine the need or warrant the use of the requested medication. As such, the request for Toradol and 1 cc B12 injection is non-certified.

**Omeprazole 20mg #60: 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 Section Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state that "proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia". There is no clinical information submitted for review to establish the presence of dyspepsia, either NSAID-induced or standalone. As such, the request for Omeprazole 20 mg #60 is non-certified.

**Terocin pain patch box (10) patches: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state that "topical ointments are largely experimental and have not been shown in properly randomized controlled clinical trials to be effective, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". Terocin contains capsaicin 0.035%, lidocaine 0.5%, menthol 5%, and methyl salicylate 20%. There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, guidelines indicate that if 1 of the medications in the compound is not recommended, then the topical compound as a whole cannot be recommended. As such, the request for Terocin pain patch box 10 patches is non-certified.

**Urinalysis drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use, On-Going Management Section Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. There was no clinical documentation submitted for review to determine if the patient is in a high risk category and warrants urine drug screening. As such, the request for urinalysis drug screen is non-certified.