

Case Number:	CM13-0037376		
Date Assigned:	12/13/2013	Date of Injury:	01/03/2011
Decision Date:	02/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Practice and is licensed to practice in Texas. 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's date of birth is [REDACTED]. However, this does not match the patient's age as related in the utilization review. In the documentation, it notes the patient is in his 60s with a date of injury reported as 01/03/2011. The patient reportedly has 2 industrial claims, 1 for his right leg and knee and then a cumulative trauma claim for his back and right upper extremity. The patient is noted as no longer working and is retired. There are no clinical documentations provided for review. The physician is now requesting omeprazole qty 1, naproxen qty 1, and terocin qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole qty 1: 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 Page(s): 68.

Decision rationale: Under California MTUS, it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor such as omeprazole. However, there is no clinical documentation stating the medical

necessity for omeprazole at this time. Without any clinical documentation stating the patient has any type of gastrointestinal events necessitating the use of a proton pump inhibitor, the requested service does not meet Guideline criteria at this time. Furthermore, the physician has failed to indicate the milligrams he wishes to dispense for the patient. As such, the requested omeprazole qty 1 is non-certified.

Naproxen qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-73.

Decision rationale: Under California MTUS, it states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Although the utilization review documentation states that the patient has 2 industrial injuries, there is no clinical documentation supporting the intended use for the medication. Therefore, the medical necessity cannot be determined based on the lack of objective information. Furthermore, the physician has failed to indicate the dosage he wishes to dispense to the patient. As such, the requested naproxen qty 1 does not meet Guideline criteria and is non-certified.

Terocin qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 111-112.

Decision rationale: Under California MTUS, it states that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin lotion contains the ingredient capsaicin, which is under the listed ingredients on the California MTUS Guidelines. The patient has been diagnosed as having 2 industrial claims for his right leg and knee as well as cumulative trauma claim for his back and right upper extremity. However, due to the physician failing to indicate the milligrams on this medication as well as the non-recommended ingredient capsaicin included in this medication, the requested terocin qty 1 is not warranted under California MTUS Guidelines and is non-certified.