

<b>Case Number:</b>	CM13-0040705		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. He 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 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 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 46-year-old female who sustained a work-related injury on 06/20/2012. The patient's diagnoses include thoracic or lumbosacral neuritis or radiculitis, brachial neuritis or radiculitis, and disorders of bursa and tendons in the shoulder region. Subjectively, the patient reported complaints of right shoulder and right wrist pain with radiation into the right arm. The patient also reported pain in the mid and lower back with radiation into the right leg associated with tingling, numbness, and weakness. The patient rated her pain 7/10 to 8/10. Objective findings revealed tenderness to palpation, positive Hawkins testing, positive Yergason's test, positive crossed-arm abduction test, and gluteal and piriformis spasm. The patient also had decreased motor strength, diminished sensation, and depressed reflexes. The patient medications were refilled and a follow up was scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg twice a day:** 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): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. The clinical information submitted for review lacks documentation of evidence to support the presence of dyspepsia, either NSAID-induced or standalone. As such, the criteria have not been met. Therefore, the request for prospective omeprazole 20 mg twice a day is non-certified.

**Terocin Patch Menthol 5% Lidocaine 4% every other day 1 box:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS state that "further research is needed to recommend use of Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia." While the clinical information provided indicates the patient has used first-line therapy without significant benefit, there is lack of objective documentation of evidence to suggest a postherpetic neuralgia pathology to warrant the use of topical lidocaine. Given guidelines further state if 1 of the medications in a topical compound is not recommended the compound as a whole cannot be recommended, the request is not supported. As such, the request for prospective Terocin patch menthol 5% lidocaine 4% every other day 1 box is non-certified.