

Case Number:	CM13-0049511		
Date Assigned:	12/27/2013	Date of Injury:	01/25/2010
Decision Date:	02/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and 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 is a 51-year-old female who reported injury on 01/25/2010. The mechanism of injury was not provided. The patient was noted to have pain. The patient's diagnosis was noted to be left thumb sprain and carpal tunnel syndrome on the left. The request was made for Terocin and Protonix

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20mg #60 on 10/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS recommends PPI's(Proton Pump Inhibitors) for the treatment of dyspepsia secondary to NSAID (Non Steroidal Anti Inflammatory Drugs) therapy. Clinical documentation submitted for review indicated the patient would be using Protonix to treat stomach upset from taking the medications. However, there was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for pantoprazole (Protonix) 20 mg #60 on 10/17/13 is not medically necessary.

Terocin Patches #10 on 10/17/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Capsaicin, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>.

Decision rationale: California states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Clinical documentation submitted for review indicated the physician was prescribing Terocin patches for topical use for pain. However, there was a lack of documentation indicating the patient had not responded or was intolerant to other treatments, and there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, as Lidoderm is the only topical form of lidocaine that is accepted. Given the above, the request for Terocin Patches #10 on 10/17/13 is not medically necessary.

Pantoprazole (Protonix) 20mg #60 for next visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS recommends PPI's(Proton Pump Inhibitors) for the treatment of dyspepsia secondary to NSAID(Non Steroidal Anti Inflammatory Drugs) therapy. Clinical documentation submitted for review indicated the patient would be using Protonix to treat stomach upset from taking the medications. However, there was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for pantoprazole (Protonix) 20 mg #60 for next visit is not medically necessary and appropriate.

Terocin Patches #10 for next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Capsaicin, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: California states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Clinical documentation submitted for review indicated the physician was prescribing Terocin patches for topical use for pain. However, there was a lack of documentation indicating the patient had not responded or was intolerant to other treatments, and there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, as Lidoderm is the only topical form of lidocaine that is accepted. Given the above, the request for Terocin Patches #10 on next visit is not medically necessary and appropriate.