

Case Number:	CM13-0052615		
Date Assigned:	12/30/2013	Date of Injury:	11/11/2010
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of November 11, 2010. A utilization review determination dated October 18, 2013 recommends modification of outpatient pharmacy purchase of Omeprazole 20mg #120 to QTY #60 and non-certification of Terocin patch #10. The previous reviewing physician recommended modification of outpatient pharmacy purchase of Omeprazole 20mg #120 to QTY #60 due to the patient taking non-steroidals (NSAIDs) with documented stomach distress symptoms and to comply with referenced guidelines once daily dosage recommendations and non-certification of Terocin patch #10 due to lack of documentation of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants and the patient's intolerance of these or similar medications to be taken on an oral basis. A Re-evaluation and Progress Report dated October 8, 2013 identifies Chief Complaint of chronic symptomatology, headaches and migraines, and tension between the shoulder blades. Physical Examination identifies tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is pain in the bilateral shoulder girdles and levator scapulae. Internal rotation and forward flexion does reproduce some symptomatology for the patient. The patient also has tenderness in both the medial and lateral aspects of the bilateral elbows with extension of symptomatology. There is a positive Tinel's sign and positive Phalen's sign bilaterally. There is pain with terminal flexion. There is weak grip and dysesthesia at the radial digits. The patient also has tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. He has tenderness at the anterolateral aspect of the hip. There is pain with hip rotation and tenderness at the anterior joint line space of the bilateral knees. Positive patellar compression test. There is pain with terminal flexion with crepitus and tenderness in the plantar aspects and the heels consistent with plantar fasciitis. Diagnoses

identify cervical discopathy, lumbar discopathy, carpal tunnel/double crush syndrome, overuse syndrome bilateral upper extremities, bilateral hip internal derangement, status post left knee surgery by history, bilateral knee internal derangement, and bilateral plantar fasciitis. Discussion/Treatment Plan identifies the patient can take the appropriate pharmacological agents for symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHARMACY PURCHASE OF OMEPRAZOLE 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms, & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

TEROCIN PATCH #10: 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 Page(s): 111-113.

Decision rationale: Regarding request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly

more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.