MAXIMUS Federal Services

Case Number:	CM13-0052782		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2007
Decision Date:	05/02/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/16/2013

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 Internal Medicine and Pulmonary Diseases, 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:

The injured worker is a 55-year-old female who reported an injury on 2/28/07. The mechanism of injury was a fall. The injured worker was initially treated with medications and activity modifications, and was diagnosed with a back sprain. Due to the persistence of her symptoms, the injured worker was referred for a course of chiropractic and physical therapy, as well as a lumbar MRI. Despite therapeutic intervention, the injured worker's persistent symptoms and MRI results (which were not included for review), led to a lumbar fusion at L4-5 on 1/20/11, and a bone stimulator removal on 9/20/11. The injured worker reported 50% improvement after surgery and has been maintained on medications and activity modifications. The injured worker's current diagnoses include degeneration of lumbar intervertebral discs, spinal stenosis of the lumbar region, and degeneration of cervical intervertebral discs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCH BOX #10: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines recommend topical analgesics primarily to treat osteoarthritic and neuropathic pain. Guidelines state that if a compounded medication contains any drug or drug class that is not recommended, then the entire product is not recommended. The most recent physical examination was obtained during the agreed medical examination on 12/19/13. This examination revealed normal sensory testing in all extremities and all dermatomes, 5/5 muscle strength throughout, and negative provocative testing to the cervical spine and lumbar spine. Terocin patches are a combination of methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. Guidelines currently only recommend lidocaine to treat neuropathic pain, and as the injured worker's most recent physical examination did not provide any evidence of sensory deficits, use of this medication is not indicated. As such, the request for pharmacy purchase of Terocin pain patch box #10 is non-certified.

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS/ACOEM guidelines recommend using proton pump inhibitors in patients with high risk of gastrointestinal events. Risk factors for GI events include being over the age of 65, history of peptic ulcer, GI bleeding, or perforation, and concurrent use of aspirin, corticosteroids, anticoagulants, or other high dose or multiple NSAIDs. The clinical information submitted for review provided evidence the patient was under the age of 65, had no discussion of prior GI events, and provided no evidence that the patient was currently utilizing any NSAIDs or had subjective complaints of GI upset. As such, there was no indication to use a proton pump inhibitor at this time. Therefore, the request for Omeprazole is non-certified.