

<b>Case Number:</b>	CM13-0053414		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	03/15/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Anesthesiology, 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 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:

According to the records made available for review, this is a 25 year old female with a 4/17/13 date of injury. At the time of request for authorization for Omeprazole 20m #60 and Terocin Patch 45 #30, there is documentation of subjective (left ankle pain) and objective (medial ankle swelling and tenderness over the medial malleolus) findings, current diagnoses (sprain/strain, left ankle), and treatment to date (activity modification, ankle brace, and medications). There is no documentation of GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or a patient utilizing chronic NSAID therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20m #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation;

concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies that proton pump inhibitors are recommended for patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Within the medical information available for review, there is documentation of sprain/strain, left ankle. However, there is no documentation of GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or a patient utilizing chronic NSAID therapy. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20m #60 is not medically necessary.

**Terrocin Patch 45 #30:** 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:** Terocin is a topical pain relief lotion that contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of sprain/strain, left ankle. In addition, there is documentation of a prescription for Terocin Patch 45 #30 (a compound medication that contains at least one drug (lidocaine) that is not recommended). Therefore, based on guidelines and a review of the evidence, the request for Terocin Patch 45 #30 is not medically necessary.