MAXIMUS Federal Services

Case Number:	CM13-0053706		
Date Assigned:	06/09/2014	Date of Injury:	08/19/2003
Decision Date:	07/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year old male with a date of work injury 8/19/03. The diagnoses is internal derangement of the right knee. A 10/22/13 orthopedic surgery request for authorization office visit states that the patient has right knee pain worse than the left. Pain in the right knee is at 7/10 on a daily basis. He denies having any spasms; however, he has tightness in the entire right lower extremity. He denies numbness and tingling. The patient is currently using Vicodin to control pain which is effective. It does bring down the level of pain. The patient is currently not working. He is able to do cooking and cleaning and do care for himself. Pain does wake him up at night causing some sleep issues mainly the pain in both knees that disrupts his sleep. It does not matter what side he sleeps on he will always experience some pain. The patient denies depression today. He does use hot and cold modalities as needed. In terms of medications, the patient received a handwritten prescription for Vicodin 5/500 mg, #60 for pain. He also received from our office naproxen 550 mg, #60 for anti inflammation; Terocin lotion one bottle a total of 4 ounces; and Protonix 20 mg, #60 to treat stomach upset from taking these medications. Instructions on how to take prescribed and dispensed medications were provided. This patient will need all of the above medications for next visit which the provider states is a prospective request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE/RETROSPECTIVE REQUEST FOR TEROCIN LOTION 4 OZ: Upheld

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

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

Decision rationale: According to the Chronic Pain Treatment Guidelines MTUS there is little use to support the use of many of these topical analgesic agents. The active ingredients in Terocin Lotion are: Methyl Salicylate 25%,Capsaicin 0.025%, Menthol 10% Lidocaine 2.50% . Terocin contains Lidocaine which per MTUS guidelines is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Patient has no documentation that he has neuropathic pain or meets criteria for topical lidocaine and therefore this is not medically necessary. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin pain relief lotion 4 oz is not medically necessary.

PROSPECTIVE/RETROSPECTIVE REQUEST FOR PROTONIX 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The patient has been on a proton pump inhibitor for over a year which places him at an increased risk for a hip fracture. The patient is not on high dose NSAIDs, documentation does not indicate increased risk for gastrointestinal events, and the prolonged use of proton pump inhibitor placing the patient at an increased risk for hip fracture are all reasons why Protonix 20mg #60 not medically necessary.