

Case Number:	CM13-0056596		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2008
Decision Date:	06/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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 and is licensed to practice in Illinois. 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 35-year-old female who reported an injury on 10/27/2008 with the mechanism of injury not provided within the documentation. In the clinical note dated 10/21/2013, the documentation provided was from the primary treating physician requesting prescribed medications of naproxen sodium tablets 550 mg #100 for inflammation and pain, to be taken once every 12 hours with food as needed. A request was also indicated in the documentation for omeprazole delayed release capsules 20 mg #120 for GI symptoms, to be taken 1 capsule by mouth every 12 hours as needed for upset stomach in conjunction with a pain and anti-inflammatory medication in order to protect the stomach and to prevent any GI complications from taking these medications. It was noted that the injured worker had been prescribed naproxen, which had a great potential for gastrointestinal symptoms. It was also noted that the injured worker had described stomach upset and epigastric pain with the use of naproxen. The documentation further included the request for Terocin patch quantity 10 to assist the injured worker with treatment of mild to moderate acute or chronic aches and/or pain. In the clinical documentation provided for review, injured worker's previous treatments or prescribed medications were not provided. The diagnosis included spondylosis with nonspecific symptoms and lumbosacral neuropathy. The Request for Authorization for the prescribed medications of naproxen sodium tablets, omeprazole delayed release, and Terocin patch for pain and GI upset was submitted on 10/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66-67.

Decision rationale: The California MTUS Guidelines state that NSAIDs (nonsteroidal anti-inflammatory drugs) are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. The guidelines also state that NSAIDs are recommended at the lowest dose for the shortest period of time in injured workers with moderate to severe pain. In the clinical notes provided for review, there was a lack of documentation of the source and pain level status of the injured worker. It was only documented that the naproxen sodium tablets were recommended to the injured worker for inflammation and pain. The clinical documentation also lacked evidence of the physical examination of the injured worker and any previous conservative therapies, such as physical therapy, home exercise program, or other use of NSAIDs. The request as submitted failed to provide the frequency of the medication. Therefore, the prospective request for 100 naproxen sodium 550 mg is not medically necessary.

OMEPRAZOLE 20MG #120: 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): 68.

Decision rationale: The California MTUS Guidelines state that it should be determined if the injured worker is at risk for gastrointestinal events utilizing the following criteria; age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. In the clinical documentation provided for review, there was a lack of documentation of the injured worker having a history of GI upset, peptic ulcer, or using high dose/multiple NSAIDs. It was noted in the documentation that the injured worker had complained of stomach upset and epigastric pain with the use of naproxen previously. However, within the documentation provided there lacked evidence of the injured worker having gastrointestinal issues such as peptic ulcers or GI bleeding or perforation. Also, the request as submitted failed to provide the frequency of the medication. Therefore, the prospective request for omeprazole DR 20 mg is not medically necessary.

TEROCIN PATCHES #10: 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): 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these ingredients. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin is a compounded cream that includes capsaicin, lidocaine, menthol, and methyl salicylate. In the clinical notes provided for review, there was a lack of documentation of the rationale for the request for Terocin patch. Also, the documentation lacked to pain level status of the injured worker and the region. The injured worker's prior therapies were not documented in the clinical notes provided for review. Furthermore, the guidelines do not recommend the use of any compounded product that contains at least 1 drug (or drug class) that is not recommended and therefore, not recommended. Therefore, the prospective request for 10 Terocin patches is not medically necessary.