MAXIMUS Federal Services

Case Number:	CM13-0056957		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2003
Decision Date:	04/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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:

The patient is a 55-year-old female who reported an injury on 07/03/2003 when she slipped and fell in a shower that she was cleaning and reportedly sustained an injury to her bilateral knees. The patient's treatment history included physical therapy, medications, and injection therapy. The patient's current medication schedule included tramadol, omeprazole, Terocin cream, and Medrox patches. It was noted that the patient receives 40% reduction in pain and an increased ability to function in daily activities and work as a result of the patient's medications. The patient's most recent clinical examination findings documented that she had tenderness to palpation of the lumbar spine extending into the left lumbar paraspinal musculature, and diminished sensation to the left L4, L5, and S1 dermatomes. The patient's diagnoses included herniated discs at the L3-4, L4-5, and L5-S1, facet arthropathy of the lumbar spine, ongoing bilateral knee complaints, and plantar fasciitis. The patient's treatment plan included continuation of a home exercise program, chiropractic care, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Omeprazole 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for the development of gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing gastrointestinal related disturbances due to medication usage. Therefore, continued use of this medication would not be supported.

LidoPro 4 oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested LidoPro 4 oz is not medically necessary or appropriate. The requested medication is a compounded agent that contains capsaicin, lidocaine, menthol, and methyl salicylate. The California Medical Treatment and Utilization Schedule recommends the use of capsaicin as a topical agent when the patient has failed to respond to all first line treatments. The clinical documentation submitted for review does not provide evidence that the patient has failed to respond to other first line treatments to include anticonvulsants and antidepressants. Therefore, the use of capsaicin would not be supported. The California Medical Treatment and Utilization Schedule does support the use of menthol and methyl salicylate for pain relief of osteoarthritic pain. The California Medical Treatment and Utilization Schedule does not support the use of lidocaine in a cream formulation, as it is not FDA approved to treat neuropathic pain. The California Medical Treatment and Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested LidoPro 4 oz is not medically necessary or appropriate.

Terocin patch, 10 patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Terocin patch, 10 patches, is not medically necessary or appropriate. The requested patch contains methyl salicylate, capsaicin, menthol, and lidocaine. The California Medical Treatment and Utilization Schedule does recommend the use of methyl salicylate and menthol as a topical agent for osteoarthritic pain. However, the use of capsaicin is

only recommended for patients who are intolerant or unresponsive to other treatments. The clinical documentation does not provide any evidence that the patient has failed to respond to first line medications to include antidepressants and anticonvulsants. Therefore, the use of capsaicin would not be indicated. The California Medical Treatment and Utilization Schedule does recommend the use of lidocaine in a patch formulation to treat neuropathic pain. However, the California Medical Treatment and Utilization Schedule states that any compounded agent with an element that is not recommended is not supported by Guideline recommendations. As the patient does not meet the recommendations for the use of capsaicin in a topical formulation, the use of a Terocin patch would not be supported. As such, the requested Terocin patch, 10 patches, is not medically necessary or appropriate.