

<b>Case Number:</b>	CM13-0056990		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/05/1987
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 69-year-old male with a date of injury on 8/5/1987. The patient has been treated for ongoing symptoms in his left shoulder and arm. The diagnoses include right rotator cuff tear, with impingement syndrome status post repair, left rotator cuff tear and impingement status post three (3) surgeries, lateral antebrachial nerve injury, left carpal tunnel syndrome, sleep dysfunction, and depression. The subjective complaints are limited reaching and overhead activities, with pain in the left arm and hand. The physical exam shows decreased left shoulder range of motion, and decreased left shoulder strength. The medications include Celebrex, terocin lotion, Lidopro cream, Vicodin, and protonix. The submitted documentation shows that Vicodin helps control pain, but did not show improvement in functional status or improved quality of life. Multiple prior utilization reviews have recommended weaning of Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) PRESCRIPTION OF VICODIN 5MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient has been on chronic opioid therapy. The Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, there is no documentation of a risk assessment, attempt at weaning, updated urine drug screen, or ongoing efficacy of medication. Therefore, the use of this medication is not consistent with the guidelines and the medical necessity is not established.

**PRESCRIPTION OF PROTONIX:** 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs.

**Decision rationale:** The Chronic Pain Guidelines indicate that a proton pump inhibitor (PPI) can be added to non-steroidal anti-inflammatory drug (NSAID) therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. The Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of aspirin (ASA), corticosteroids, anticoagulant use, or high dose NSAIDS. The Official Disability Guidelines (ODG) suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The ODG guidelines recognize the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Protonix. This patient was previously on Prilosec, with no clear evidence why patient was moved to a second line medication. Furthermore, although the patient is over 65 years of age, there is no documented history of peptic ulcer, or GI bleeding. Therefore, the medical necessity of Protonix is not established.

**ONE (1) PRESCRIPTION OF TEROGIN PATCHES #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Lidoderm Page(s): 111-113, 56.

**Decision rationale:** Terocin is a compounded medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. The Chronic Pain Guidelines are clear that if the medication contains one (1) drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to

placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Terocin not being in compliance to current use guidelines the requested prescription is not medically necessary.

**ONE (1) PRESCRIPTION OF LIDOPRO CREAM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Lidoderm Page(s): 111-113, 56.

**Decision rationale:** Lidopro is a medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. The Chronic Pain Guidelines are clear that if the medication contains one (1) drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Terocin not being in compliance to current use guidelines, the requested prescription is not medically necessary.