

Case Number:	CM13-0060761		
Date Assigned:	12/30/2013	Date of Injury:	11/09/2006
Decision Date:	05/19/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery, 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 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 claimant is a 42-year-old gentleman who was injured in work related accident on November 9, 2006. Records for review indicate notable orthopedic complaints to the neck and bilateral upper extremities. A December 2, 2013 progress report indicated continued complaints of shoulder and elbow pain, and persistent neck pain. It states that the claimant is currently utilizing a medication regimen. He describes some mild weakness with objective findings demonstrating right greater than left medial and lateral epicondylitis, a positive Tinel's sign at the bilateral elbows, and generalized weakness to the upper extremities in a nondermatomal fashion. The claimant's diagnosis at that time was of cervical discogenic disease with radiculopathy, rotator cuff repair to the right shoulder, left shoulder impingement syndrome, osteoarthritis of the elbow with cubital tunnel syndrome, and obesity. Medications were prescribed at that date, including Norco, Oxycontin, Cialis, Gabapentin, Lidoderm patches, Naprosyn, Lidopro Lotion, Protonix, a TENS unit, and continued activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NAPROXEN 550MG (DATE OF SERVICE: 10/24/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

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

Decision rationale: The retrospective request for Naprosyn in this case cannot be indicated. The California MTUS guidelines recommend the role of anti-inflammatory medications in the chronic setting at the shortest amount and lowest timeframe possible. Records in this case indicate no indication of acute clinical findings to support the ongoing or chronic use of Naprosyn. The specific request, given the claimant's current clinical presentation would not be indicated. As such, the request is not medically necessary.

. 60 PROTONIX 20MG (DATE OF SERVICE: 10/24/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS guidelines would not support continued use of Protonix. At present, this claimant has no indications of risk factors for gastroesophageal events listed in the California MTUS that would support the role of this protective proton pump inhibitor. The absence of the above would fail to necessitate the role of this agent at this chronic stage in the claimant's course of care. As such, the request is not medically necessary.

TEROCIN LOTION, 4 OUNCES (DATE OF SERVICE: 10/24/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS guidelines would not support the role of Terocin. Terocin is a topical compound that contains Capsaicin, amongst other agents. Capsaicin is only indicated as an option for individuals who are intolerant or have not responded to other forms of treatment. Records indicate multiple medications regimen being utilized in this individual. While his symptoms appear stable there is nothing indicating intolerance to first-line treatment modalities. The specific request for Terocin in this instance is not medically necessary.

20 TEROGIN PATCHES (DATE OF SERVICE: 10/24/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS guidelines would not support the role of Terocin. Terocin is a topical compound that contains Capsaicin, amongst other agents. Capsaicin is only indicated as an option for individuals who are intolerant or have not responded to other forms of treatment. Records indicate multiple medications regimen being utilized in this individual. While his symptoms appear stable there is nothing indicating intolerance to first-line treatment modalities. The specific request for Terocin in this instance is not medically necessary.