

<b>Case Number:</b>	CM13-0065169		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/19/2013
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation; Pain Management, has a subspecialty in Interventional Spine 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 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:

This patient is a 25-year-old female with date of injury of 05/19/2013. Per treating physician's report 11/01/2013, diagnostic impression is right wrist scapholunate ligament injury. Examination showed tenderness directly over the scapholunate ligament reproducing the patient's symptoms. The treatment was for prescription of antiinflammatory medication, Relafen with Prilosec. Terocin cream was also prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Cream:** Upheld

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

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

**Decision rationale:** This patient presents with wrist scapholunate ligament injury. The treating physician has prescribed Terocin cream which contains lidocaine, capsaicin, and salicylate compound. MTUS Guidelines states that for topical combination cream compound, if one compound is not recommended then the entire compound is not recommended. In this case,

Terocin compound contains lidocaine topical. For lidocaine topical, MTUS Guidelines only allow patch formulation and not cream, lotion, or ointment formulations. Given that this compound cream contains lidocaine cream which is not recommended per MTUS Guidelines. The request is not certified.

**Prilosec (Dosage and quantity not given):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Prilosec (omeprazole), Prevacid(lansoprazole) and Nexium(esomeprazole magnesium)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg 69

**Decision rationale:** This patient presents with tendinitis and ligament injury of the right wrist. The treating physician has prescribed Prilosec indicating that the patient is "prone to gastritis," per report 11/01/2013. The patient is being prescribed Relafen for antiinflammatory pain medication. MTUS Guidelines allow for use of prophylactic proton pump inhibitors for patients that are on NSAIDs with gastric side effects. MTUS Guidelines page 69 states, "Treatment of dyspepsia secondary to NSAID therapy; stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." In this case, the treating physician has chosen to prescribe a PPI which is appropriate. The Request is certified.