MAXIMUS Federal Services

Case Number:	CM13-0069741		
Date Assigned:	01/03/2014	Date of Injury:	01/24/2005
Decision Date:	04/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine, 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 patient is a 59 year-old female who reported an injury on 01/24/2005. The mechanism of injury was noted to be cumulative trauma. Her diagnoses include discogenic cervical condition status post radiofrequency ablation and myofascial trigger point; right shoulder impingement status post decompression and distal clavicular excision; overuse of the right upper extremity; overuse of the left shoulder; as well as elements of sleep, GERD, headaches, TMJ syndrome, and constipation. Her medications are noted to include Motrin 800 mg for inflammation, Zantac 150 mg for gastritis twice daily, and Norco 10/325 mg for moderate to severe pain. She also utilizes LidoPro lotion and Terocin patches for topical relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG FOR NEXT VISIT #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief,

functional status, and the "4 As" for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The clinical information submitted for review indicates the patient utilizes medications to decrease pain and increase function. However, details documenting the patient's pain relief with use of Norco and her current functional status were not provided within the recent clinical note. Furthermore, the documentation did not address any adverse side effects with use of Norco or evidence of aberrant drug-taking behaviors. In the absence of this documentation required by the MTUS Chronic Pain Guidelines for the ongoing use of opioid medications, the request is not medically necessary and appropriate.

ZANTAC 150MG FOR NEXT VISIT #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs pages 67-69. Page(s): 67-69.

Decision rationale: According to MTUS Chronic Pain Guidelines, proton pump inhibitors may be recommended for patients with complaints of dyspepsia secondary to NSAID use or for patients taking NSAID medications who have been found to be at increased risk of gastrointestinal events. The clinical information submitted for review indicates the patient is currently utilizing Motrin 800 mg for inflammation and has had complaints of gastritis secondary to the NSAID use. Her most recent note submitted, dated 12/30/2013, indicted the patient had the greatest effect with use of Zantac 150 mg twice a day. Based on the above, the patient does meet the criteria for use of a proton pump inhibitor as the listed by the MTUS Chronic Pain Guidelines. Therefore, the request is medically necessary and appropriate.

LIDOPRO LOTION 4OZ FOR NEXT VISIT: 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 section on Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. Guidelines further state that topical analgesics are mainly used in the treatment of neuropathic pain when trials of anticonvulsants and antidepressants have failed. Further, guidelines indicate that any compounded product that contains at least one drug that is not recommended is not recommended. LidoPro lotion is noted to include capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl Salicylate 27.5%. In regard to capsaicin, MTUS Chronic Pain Guidelines indicate topical capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments. Additionally, the MTUS Chronic Pain Guidelines state there is currently no indication that an increase over a 0.025% formulation of capsaicin would

provide any further efficacy. The clinical information submitted for review indicates the patient previously failed trials of Gabapentin and Topamax; however, it is unclear whether she has tried and failed antidepressants prior to the use of topical analgesics. Additionally, the documentation failed to show evidence of specific medications the patient did not respond or was intolerant to, to warrant use of topical capsaicin. Additionally, as the formulation of capsaicin requested exceeds the 0.025% formulation, it is not supported by the MTUS Chronic Pain Guidelines. For the reasons noted above, the requested compound is not supported.

TEROCIN PATCHES #20 FOR NEXT VISIT: 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 section on Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. Guidelines further state that topical analgesics are mainly used in the treatment of neuropathic pain when trials of anticonvulsants and antidepressants have failed. Further, the MTUS Chronic Pain Guidelines indicate that any compounded product that contains at least one drug that is not recommended is not recommended. Terocin patches are noted to include menthol 4% and lidocaine 4%. The clinical information submitted for review indicates that the patient previously tried and failed Gabapentin and Topamax; however, it is unclear whether she has tried and failed antidepressants for neuropathic pain. Additionally, the MTUS Chronic Pain Guidelines only recommend use of Final Determination Letter for IMR Case Number CM13-0069741 5 topical lidocaine in the formulation of the Lidoderm patches. Therefore, the request for Terocin patches which contain a non-recommended formulation of topical lidocaine are not supported.

PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 67-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, use of a proton pump inhibitor may be recommended for patients with complaints of dyspepsia secondary to NSAID use or for patients taking NSAID medications who have been found to be at increased risk for gastrointestinal events. The most recent clinical note submitted for review dated 12/30/2013 indicated that the patient utilizes Zantac for gastritis as she failed Protonix and Prilosec in the past. Due to the absence of further information regarding the request for Prilosec, and provided that the patient's recent clinical note indicates a failed use of Prilosec, the request is not medically necessary and appropriate.