

<b>Case Number:</b>	CM13-0069947		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and is licensed to practice in Texas. 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 injured worker is a 54 year old male who reported an injury on 07/15/1998 to his back. The mechanism of injury was not provided. The last clinical note submitted on 01/15/2014 reported symptoms of pain radiating to bilateral shoulders, left arm, and laterally down the right arm. A radio frequency ablation on 03/13/2013 reportedly gave some relief and an additional epidural steroid injection on 02/11/2011 gave him 50% relief. The objective findings included a positive Spurling's maneuver with unquantified pain down both arms. The clinical note referenced in the request on 11/20/2013 parroted the same objective findings and did not quantify the amount of relief the medications gave. The request for the 3 medications in this review is found in the clinical note on 01/15/2014; however, request for authorization form was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REVIEW FOR PHARMACY PURCHASE FOR DICLOFENAC SODER 100MG #120 FOR DATE OF SERVICE 11/20/13: 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 Page(s): 67-68.

**Decision rationale:** The request for Diclofenac Sodium ER 100mg #120 is non-certified. The CA MTUS recommends NSAIDS for short term symptomatic relief. Furthermore, it suggests that they are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. The worker reported in the last clinical note that the relief that he felt came from the procedures and makes no reference to the medication as the source of the pain mitigation. Thus, the request is non-certified.

**RETROSPECTIVE REVIEW FOR PHARMACY PURCHASE FOR OMEPRAZOLE 20MG #120 FOR DATE OF SERVICE 11/20/13: 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): 68-69.

**Decision rationale:** The request for Omeprazole 20mg #120 is non-certified. The CA MTUS guidelines recommend treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a Proton Pump Inhibitor (PPI). It was reported in his subjective portion of the clinical notes that the source of the GERD is from constant use of NSAIDs. In the prior request, the CA MTUS guidelines did not recommend the NSAIDs requested and was non-certified. Hence, it is medically unnecessary to continue the usage of Omeprazole and the request is also non-certified.

**RETROSPECTIVE REVIEW FOR PHARMACY PURCHASE FOR TEROGIN LOTION 240ML FOR DATE OF SERVICE 11/20/13: 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 request for Terogin Lotion 240ml is non-certified. The worker reported pain axially in the cervical area, in the shoulders, and down both arms. The CA MTUS finds topical analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain and lidocaine is listed as an active ingredient. It is also primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, there is a lack of documentation that antidepressants and anticonvulsants were used and failed. Hence, the request is non-certified.