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| Case Number: | CM14-0000947 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 09/03/2008 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 3, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated December 27, 2013, the claims administrator denied a request for Naprosyn, Flexeril, omeprazole, and Terocin patches. In an earlier note dated October 1, 2013, the applicant was described as reporting persistent knee pain, neck pain, shoulder pain, wrist pain, and low back pain. The applicant was apparently asked to pursue a right knee arthroscopy while remaining of work, on total temporary disability. An August 6, 2013 progress note was again notable for comments that the applicant remained totally temporarily disabled, as is a July 9, 2013 progress note, in which the applicant underwent a knee corticosteroid injection. The applicant's medication list was not clearly detailed; however, the applicant did receive prescriptions for Naprosyn, Flexeril, Omeprazole, and Terocin via a prescription dated December 3, 2013, which employed preprinted checkboxes. No applicant-specific commentary was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABLETS 550MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; MTUS 9792.20f, Anti-Inflammatory Medications Topic..

Decision rationale: While page 22 of the Chronic Pain Medical Treatment Guidelines does state that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, in this case, however, as with the other drugs, the applicant has used this agent for some time and has failed to effect any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work, on total temporary disability, despite ongoing medication usage. There is no mention or report of the applicant's affecting any lasting benefit or functional improvement as defined in MTUS 9792.20f through ongoing usage of Naprosyn. None of the progress notes in question detailed the applicant's response to any of the medications in question. Therefore, the request is not medically necessary, for all of the stated reasons.

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (For P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using numerous other analgesic and adjuvant medications, both oral and topical. Adding Flexeril is not recommended per guidelines. Therefore, the request is not medically necessary.

OMEPRAZOLE DELAYED RELEASE CAPSULES 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms & C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. .

Decision rationale: While page 69 of the Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as Omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, documentation on file does not establish the presence of any active symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

TEROCIN PATCH QTY: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin, as a class, are deemed "largely experimental," to be used only when trials of antidepressants and/or anticonvulsants have failed. In this case, however, there is no evidence that antidepressants and/or anticonvulsants for neuropathic pain were tried and failed before Terocin was considered. It is further noted that the applicant appears to have used Terocin chronically despite the unfavorable MTUS recommendation and has failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. The applicant remains highly reliant on multiple other medications and remains off of work. Therefore, the request for Terocin is not medically necessary, for all of the stated reasons.