

Case Number:	CM14-0003344		
Date Assigned:	02/18/2014	Date of Injury:	08/28/1998
Decision Date:	06/10/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery 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 claimant is a 63 year old female with a reported date of injury on 08/28/1998. The mechanism of injury was not submitted within the medical records. The progress note dated 12/13/2013 reported the injured worker complained of neck and bilateral upper shoulder pain, low back pain, and stiffness. The claimant reported to be unable to function and was still taking her medications; the injured worker reported Terocin was helping a lot. The examination revealed multiple trigger points to bilateral upper shoulders. There was tenderness to the cervical paraspinals at C1 to C7 and L1-L5 muscles with triggering. The progress note also reported a positive impingement sign to the right shoulder and decreased range of motion to the cervical and lumbar spine. The diagnoses listed were neck and bilateral shoulder pain, low back pain, polyarthralgia, hip and ankle pain, depression, dyspepsia, fibromyalgia, and hypertension. Medications prescribed include Celebrex since at least 07/12/2012 and prescribed Protonix since at least 12/13/2013; however, she was prescribed Nexium prior to that due to medication induced dyspepsia. The claimant began taking Terocin on 07/11/2013. The request is for Celebrex 200mg QD #30, Protonix 40mg QAM #30, and Terocin cream two bottles. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG QD #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend NSAIDs as a second-line treatment after acetaminophen. The guidelines also recommend NSAIDs as a short-term pain relief option. The claimant has been prescribed Celebrex for over one year and although the documentation does not rate her pain, she has been complaining of constant pain. The progress note dated 12/13/2013 reported the claimant was having new multiple complaints of pain and she claimed to be unable to function. The documentation is unclear regarding the effectiveness of the medication. Therefore, the request for Celebrex 200 mg QD #30 is not medically necessary and appropriate.

PROTONIX 40MG QAM #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASULAR RISK Page(s): 67-68.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend clinicians to determine if the patient is at risk for gastrointestinal events; if the injured worker is over 65 years old; if there is a history of peptic ulcer, GI bleeding or perforation; if there is a concurrent use of ASA, corticosteroids, and/or an anticoagulant; or a high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The claimant has medication induced dyspepsia due to NSAIDs; however, the NSAID medication is not indicated at this time. There was a lack of documentation of significant gastrointestinal symptoms and it did not appear that the claimant had a history of GI symptoms, perforation, or peptic ulcer. Therefore, the request for Protonix 40 mg QAM #30 is not medically necessary and appropriate.

TEROCIN CREAM TWO 2 BOTTLES: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of the agents used in topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is the only approved topical formulation of

lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The MTUS Guidelines state capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis although there are positive randomized studies for patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The injured claimant reported that Terocin cream is helping her pain although there is a lack of documentation of a complete pain assessment and significant objective functional improvement. The MTUS guidelines note any other topical form of lidocaine other than Lidoderm is not recommended. Therefore, the request for Terocin cream two bottles is not medically necessary and appropriate. .