

<b>Case Number:</b>	CM14-0009003		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 47-year-old male who reported an injury of unknown mechanism on 09/30/2009. In the clinical note dated 12/05/2013, the injured worker complained of continued axial low back and bilateral lower extremity radicular pain that had gotten worse on the left. He also complained of paresthasias in the left thigh along with the left greater than right lower extremity weakness. The injured worker was noted as stating that his prescribed medications gave him a moderate amount of relief of his continued axial low back pain and lower extremity radiculopathy. He also stated that without the medication on board, he was unable to perform his activities of daily living such as cooking, cleaning, and light household duties. He denied any side effects from the medication. In the physical examination, it was noted that the injured worker had diminished sensation of the left L4-5 dermatomal distribution on the left and right, difficulty with toe raising bilaterally, and diffuse weakness in left greater than right lower extremity. The diagnoses include radicular syndrome (thoracic/lumbosacral), lumbago, piriformis syndrome/sciatica. The treatment plan included a request for formal authorization for bilateral L5-S1 TFV, a renewed prescription for Norco 10/325, naproxen sodium 550 mg, Protonix 20 mg, Effexor, and terocin lotion for localized pain. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR PROTONIX 20MG #90 DOS: 12/5/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that to determine if the injured worker is at risk for gastrointestinal events the following criteria should be evaluated, age greater than 65 years; history of peptic ulcer, GI (Gastrointestinal) bleeding or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID ([non-steroidal anti-inflammatory drugs] e.g., NSAID + low-dose ASA). In the clinical notes provided for review, there was lack of documentation of the injured worker having any gastrointestinal issues. The injured worker was noted as stating that he denied any side effects from the prescribed medications. The clinical notes lack documentation of the injured worker having a history of any peptic ulcer, GI bleeding or perforation, or concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. The retrospective request for Protonix 20mg, ninety count, provided on December 5, 2013, is not medically necessary or appropriate.

**RETROSPECTIVE REQUEST FOR TEROGIN LOTION 120ML #1 BOTTLE DOS: 12/5/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 105, 112-113

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the clinical notes provided for review, there was lack of documentation of the injured worker stating that he used the Terogin lotion. There was also lack of documentation of the pain level status of the injured worker. Terogin lotion contains methyl salicylate, capsaicin, menthol, and lidocaine hydrochloride, of which a few of the ingredients are not recommended. The ingredient of capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation provided lacked evidence of the injured worker being intolerant to other treatments. The retrospective request for Terogin lotion 120 ml, one bottle, provided on December 5, 2013, is not medically necessary or appropriate.

