

Case Number:	CM14-0107710		
Date Assigned:	08/01/2014	Date of Injury:	08/02/2011
Decision Date:	09/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 43 year-old male who was reportedly injured on 8/2/2011. The mechanism of injury is listed as a cumulative trauma injury to the right elbow and right hand while working as a general manager [REDACTED]. The injured worker underwent right elbow surgery on 1/25/2012. The previous utilization review references a progress note dated 2/24/2014; however that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints of right elbow and wrist pain with numbness and tingling. The pain was rated 8/10 without medications, and 4/10 with medications. Patient reported that topical medication helped increase sleep, decreased pain and increase chores. There were no side effects reported with oral and topical medications. On examination, the right elbow range motion: flexion 125, extension 0, supination 65, and pronation 50; tenderness over right lateral epicondyle and forearm extensor muscles; right wrist range motion: flexion 50, radial/ulnar deviation 20; and decreased sensation at C6 on the right. Diagnosis: right elbow lateral epicondylitis and right wrist sprain/strain. Previous treatment includes physical therapy, transcutaneous electrical nerve stimulation unit and medications. A request was made for retrospective omeprazole 20 mg #60 and Terocin patch #20 (3/28/2014) and was not certified in the utilization review on 6/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #60. Date of Service: 3/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 68-69 of 127 Page(s): 68-69 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request is not medically necessary.

Retrospective Terocin Patch #20: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 105, 112 of 127 Page(s): 105, 112 OF 127.

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. California Medical Treatment Utilization Schedule guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". As such, this request is not medically necessary.