

Case Number:	CM14-0018804		
Date Assigned:	04/18/2014	Date of Injury:	06/29/2012
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 58 year old male who reported an injury on 06/29/2012. The mechanism of injury was not provided. The clinical note submitted for review dated 11/11/2013, showed the injured worker reported constant neck pain rated at 4/10 and radiating to the left lower extremity with numbness and tingling. He reported constant shoulder pain rated at 7/10 and frequent elbow pain rated at 5/10 with numbness and tingling. The injured workers reported he was taking oral and topical medications with no side effects. He also stated the topical medications increased his sleep and decreased his need for oral medications. Upon physical examination cervical range of motion was decreased in all planes and tenderness was noted to the cervical spine with left sided spasms. The injured worker's left shoulder range of motion included forward flexion at 90 degrees and extension at 30 degrees. The right shoulder demonstrated a positive impingement sign and tenderness at the AC joint. The injured worker was treated with Naproxen, Omeprazole, Terocin patch, and Cyclobenzaprine. The request for authorization was submitted on 12/17/2013. A clear rationale for request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO TEROGIN PATCH (10 PATCHES) #2; 10/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics And Salicylate Topicals Page(s): 111-113, 105.

Decision rationale: The injured worker has a history of chronic neck, shoulder and elbow pain as well as left shoulder arthroscopy. Terocin patches are comprised of Methyl Salicate, Capsaicin, Menthol and Lidocaine. The CA MTUS Guidelines state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated by the FDA for neuropathic pain. The guidelines also state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Also, the guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The provider did not state the injured worker was intolerant or had not responded to other treatment. As such, based on the ingredients of the Terocin patch containing Methyl Salicate, Capsaicin, Menthol and Lidocaine, the request for retro Terocin patch (10 patches) #2 10/10/2013 is not medically necessary and appropriate.

RETRO OMEPRAZOLE 20MG, #60; 10/10/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The injured worker has a history of chronic neck, shoulder and elbow pain as well as left shoulder arthroscopy. The CA MTUS Guidelines identify injured workers at risk for gastrointestinal events include injured workers age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The Guidelines also state the requested medication is recommended for patients at risk for gastrointestinal events. However, there is a lack of documentation within the clinical notes, submitted for review, to show the injured worker has had any gastrointestinal events. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation. Therefore, the request for retro Omeprazole 20mg, #60; 10/10/2013 is not medically necessary and appropriate.

RETRO NAPROXEN SODIUM 550MG, #60; 10/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

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

Decision rationale: The injured worker has a history of chronic neck, shoulder and elbow pain as well as left shoulder arthroscopy. The California MTUS guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) and patients with acute

exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. Based on the documentation, provided for review, the injured worker reported a decrease in pain from 6/10 without medication to a 2/10 with medication. The provider noted topical medications increased the injured workers ability to perform household chores, increased sleep, and decreased the injured workers need for oral medications; however, the requesting physician did not provide adequate documentation of significant objective functional improvement related to Naproxen. Therefore, the request for retro Naproxen Sodium 550mg, #60; 10/10/2013 is not medically necessary and appropriate.