

<b>Case Number:</b>	CM14-0019278		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	10/18/2009
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 & Rehabilitation, 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 injured worker is a 47 year old male with an injury reported on 10/18/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/05/2013, reported that the injured worker complained of persistent pain of the neck which was aggravated by repetitive motion. The physical examination findings reported the injured worker's cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. The injured worker's diagnoses included cervical discopathy, incidental findings of bilateral carpal tunnel syndrome, right cubital tunnel syndrome, right guyon canal syndrome and lumbar discopathy. The request for authorization was submitted on 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#120 OMEPRAZOLE DR 20MG:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, proton pump inhibitors are recommend with precautions as long-term PPI use (> 1 year) has been shown to increase the

risk of hip fracture. There is a lack of documentation of medication side-effects reported by the injured worker that would warrant the use of a proton pump inhibitor. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. As such, the request is not medically necessary and appropriate.

**#90 TRAMADOL ER 150MG:** Upheld

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

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

**Decision rationale:** The injured worker complained of persistent pain of the neck which was aggravated by repetitive motion. According to the MTUS Chronic Pain Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of information provided documenting the efficacy of Tramadol on the injured worker's pain. In addition, it was unclear if the injured worker gained any additional function from the use of the pain medication. As such, the request is not medically necessary and appropriate.

**#10 TEROGIN PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

**Decision rationale:** Terocin patch is a topical analgesic with the active ingredients of Lidocaine 4% and Menthol 4%. According to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore, the combination of lidocaine with any other topical medication is not recommended per MTUS Chronic Pain Guidelines. Thus, the request is not medically necessary and appropriate.