

Case Number:	CM14-0115592		
Date Assigned:	08/04/2014	Date of Injury:	11/04/2013
Decision Date:	09/17/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation, 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:

This is a 63-year-old male patient sustained an industrial injury on 11/04/13. The mechanism of injury occurred while he was taking some hard soil using a transient shovel when he noted pain in his low back. X-rays were obtained and the patient was provided with medications and a lumbar support. He underwent physical therapy and chiropractic treatment as well as lumbar traction unit. Diagnosis is lumbar disc disorder with myelopathy. Utilization review dated 07/12/14 reveals a request for omeprazole 20 mg #90 and Terocin patch #10 was non-certified with the reviewing physician noting there is no history of NSAIDs being used at a high dose, nor was there a record of the patient having gastrointestinal complaints or being at risk for gastrointestinal events to support the medical necessity of omeprazole. Regarding Terocin patch, and was noted this is a compounded medication that contains methyl salicylate, capsaicin, menthol and lidocaine. This medication contains agents that are only supported when there is failure of first-line agent such as antidepressants or antiepileptic epileptics. There is no guideline support for the use of menthol to treat pain. There was also noted the provider failed to give any documentation that would indicate this product is medically necessary. On most recent progress note dated 07/08/14, the patient presented with subjective complaints of moderate to severe dull achy pain at the paralumbar area bilaterally and at the L4-S1 midline, increased with lifting and decreased with rest. Patient is taking ibuprofen as needed and takes Effexor once at night. The patient was interested and lumbar epidural steroid injection #2. Review of systems was negative for gastrointestinal complaints. Physical examination revealed tenderness and pain to the lumbar spine. Range of motion was normal. Strength and reflexes were normal. Sensation was normal. Muscle tone was normal. Special tests were all negative. It was recommended the patient undergo an epidural steroid injection, continue ibuprofen as needed with food, uses a back brace, and be referred to spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: 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 Cardiovascular Risk Page(s): 68.

Decision rationale: The CA MTUS indicates, "Clinicians should weight the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Medical documentation provided for review does not support the need for PPI therapy. Documentation does not describe current GI symptoms or treatment rendered thus far for GI symptoms such as dietary modification, and documentation does not describe risk factors for GI bleed to warrant prophylaxis. The patient is not over age 65, and is not on multiple/high dose NSAIDs. Review of systems is negative for any GI complaints. Frequency of dosing is not documented in the current request. Therefore, use of a proton pump inhibitor is not medically necessary.

Terocin Patch #10: Upheld

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

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

Decision rationale: Terocin patches contain lidocaine, capsaicin, methyl salicylate, and menthol. According to CA MTUS guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per CA MTUS guidelines, topical lidocaine is "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." MTUS states "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." Failure of all other agents is not documented. The documentation in this case does not describe well-demarcated

neuropathic pain that has failed first line oral agents in the antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support the medical necessity of Terocin patch. Current request does not specify dosing frequency or instructions. Therefore, Terocin patch #10 is not medically necessary.