

Case Number:	CM14-0118801		
Date Assigned:	08/06/2014	Date of Injury:	09/01/2001
Decision Date:	09/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational 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 patient is a 61-year-old female who has submitted a claim for carpal tunnel syndrome and disorder of the shoulder joint associated with an industrial injury date of September 1, 2001. Medical records from 2014 were reviewed. The patient complained of arm pain rated 7/10. Physical examination showed tenderness over the right AC and right wrist; tenderness and muscle spasm over the right cervical and trapezius muscles, and shoulder; slight decrease in cervical ROM; and positive Finkelstein's on the right. The diagnoses were right moderate carpal tunnel syndrome, cervical degenerative joint disease, right shoulder degenerative joint disease, right elbow tendonitis, pain in joint involving shoulder region, and muscle spasms. Treatment plan includes a request for omeprazole and Terocin patches. Treatment to date has included home exercise program, right shoulder cortisone injection, Percocet, Flexeril, tramadol, naproxen, omeprazole, and Sprix nasal spray and Terocin patches. Utilization review from July 24, 2014 denied the requests for omeprazole 20mg #60 because there was no indication that the patient has been diagnosed with duodenal and gastric ulcers, or is at risk for a GI event; and Terocin patches #30 because there is no history or objective findings consistent with neuropathy, or failure of oral medications to relieve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 per Report Dated 7/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors include age 65 or older; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. In this case, Omeprazole was taken as far back as February 2014 for gastritis due to NSAID intake. However, there was no evidence of gastrointestinal issues based on the most recent progress reports. Moreover, there was no indication of increased risk for developing gastrointestinal events. The guideline recommends PPI use for those with intermediate or high risk factors. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Omeprazole 20mg #60 per Report Dated 7/16/2014 is not medically necessary.

Terocin Patches #30 per Report Dated 7/16/2014: 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 Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be 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). In this case, Terocin patch was used in the past which helped relieve pain. However, there was no objective evidence of functional benefits from its use. Moreover, there was no evidence neuropathy or trial of first-line medications for neuropathic pain. The guideline recommends lidocaine in the form of dermal patch for neuropathic pain after trial of antidepressants or AED. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Terocin Patches #30 per Report Dated 7/16/2014 is not medically necessary.