

Case Number:	CM14-0121725		
Date Assigned:	08/06/2014	Date of Injury:	11/12/2007
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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 Illinois. 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 52-year-old male who reported an injury on 11/12/2007 due to an unspecified caused of injury. The injured worker complained of neck pain, mid back pain, lower back pain, and scoliosis. The injured worker had a diagnosis of cervical spine musculotendinoligamentous, thoracic spinal musculotendinoligamentous, thoracic spinal rotatory scoliosis, lumbar musculotendinoligamentous, chronic pain, scrotal fluid collection post-traumatic industrial. The medication included naproxen, Anaprox, Terocin patch and Prilosec 20 mg. No VAS provided. The past treatments included a TENS unit, home exercise program, medication, injections, and physical therapy. The diagnostics were not available. No surgeries available for review. The objective findings dated 01/03/2014 to the cervical spine revealed flexion of 50 degrees, extension 60 degrees, bilateral lateral bend 45 degrees. The examination of the thoracic spine revealed flexion of 50 degrees, left rotation at 30 degrees, and a right rotation at 30 degrees. The examination of the lumbar spine revealed flexion of 60 degrees, extension 10 degrees. The motor examination to the bilateral upper and lower extremities revealed 5/5, sensation intact at the C4-T12, as well as L4-S2 dermatomal distribution with pin prick and light touch. Deep tendon reflexes within normal limits. The symmetry examination revealed scoliosis with bulging at the rib cage posteriorly and gait with a bipedal and bilateral pes planus. The cervical spine revealed tenderness to palpation over the bilateral cervical trapezius and levator scapulus and occipital regions, tenderness to palpation over the T1, T12, and L4-S1 bilaterally. The treatment plan included current medications, safety with use of medications, and follow-up in 2 weeks. The rationale for Prilosec 20 mg, Theramine, and Terocin patch was not provided. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, QTY: 30, dispensed on 6/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California MTUS guidelines indicate that per Package inserts for NSAIDs it is recommended to perform periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Per the guidelines, non-steroidal anti-inflammatory drugs are generally recommended for the lowest effective dose for the shortest duration of time. The guidelines also indicate that there should be lab monitoring for a CBC, chemistry profile, including liver and renal function tests. It has been recommended to measure the liver transaminase within 4-8 weeks after starting therapy. Per the clinical notes provided, no CBC or chemistry profile was available for review. The injured worker had been on the Prilosec for at least 5 months, prescribed on 01/17/2014 and again on 07/15/2014. The request did not address the frequency. As such, the request is not medically necessary.

Theramine, QTY: 90, dispensed on 6/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical Foods.

Decision rationale: The Official Disability Guidelines recommended as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as "a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical

supervision. Per the clinical note, the injured worker did not require tube feeding or meet the criteria for a medical disorder, disease, or condition in which there are distinctive nutritional requirements. The request did not address the frequency. As such, the request is not medically necessary.

Theramine, QTY: 90, dispensed on 6/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Foods.

Decision rationale: The Official Disability Guidelines recommended as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as "a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Per the clinical note, the injured worker did not require tube feeding or meet the criteria for a medical disorder, disease, or condition in which there are distinctive nutritional requirements. The request did not address the frequency. As such, the request is not medically necessary.

Terocin patches dispensed on 6/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS Guidelines on topical analgesics state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical lidocaine, in the formulation of a Lidoderm patch, has been designated as an 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. A Terocin patch is a topical analgesic with active ingredients of lidocaine 4% and methocarbonyl 4%. The combination of lidocaine with any other topical medication is not recommended per Guidelines. As such, the request is not medically necessary.

Terocin patches dispensed on 6/13/14: Upheld

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

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