

Case Number:	CM14-0130962		
Date Assigned:	08/20/2014	Date of Injury:	05/24/2010
Decision Date:	10/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 59 year old female with an injury date of 05/24/10. Based on 06/27/14 progress report provided by [REDACTED] patient presents with low back pain that radiates to posterior leg down to knee, and neck pain that radiates down both arms. Physical exam findings include tenderness and spasm to cervical and lumbar musculature, with decreased sensation to left C3, L4, L5 and S1 dermatomes. Per progress report dated 06/27/14, patient has had 12 visits of PT, which provided significant relief. Current medications include Tramadol, Pamelor, Prilosec and Terocin patches. Diagnosis 06/27/14; cervical radiculopathy; lumbar radiculopathy; multiple cervical and lumbar disc protrusions; chronic mid back pain. [REDACTED] is requesting: 1. PT x 8 visits CS, LS2. #1 Terocin Pain Patch Box (10 patches) x 1 refill3. #120 Omeprazole 20 mg Capsule x 1The utilization review determination being challenged is dated 07/28/14. The rationale follows:1. PT x 8 visits CS, LS2. #1 Terocin Pain Patch Box (10 patches) x 1 refill3. #120 Omeprazole 20 mg Capsule x [REDACTED] is the requesting provider, and he has provided treatment reports from 02/19/13 - 08/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X 8 VISITS CS, LS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The patient presents with cervical radiculopathy, lumbar radiculopathy, multiple cervical and lumbar disc protrusions and chronic mid back pain. The request is for PT x 8 visits CS, LS. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. And allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine" Per progress report dated 06/27/14, patient has already had 12 physical therapy visits. Request exceeds what is allowed per MTUS. The request is not medically necessary.

#1 TEROGIN PAIN PATCH BOX (10 PATCHES) X 1 REFILL: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding topical analgesics: (<http://www.odg-twc.com/odgtwc/pain.htm#TreatmentProtocols>)

Decision rationale: The patient presents with cervical radiculopathy, lumbar radiculopathy, multiple cervical and lumbar disc protrusions and chronic mid back pain. The request is for #1 Terogin Pain Patch Box (10 patches) x 1 refill. Physical exam findings include tenderness and spasm to cervical and lumbar musculature, with decreased sensation to left C3, L4, L5 and S1 dermatomes. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Patient presents with radicular symptoms and pain in back and neck but not pain that is peripheral and localized neuropathic. Terogin patch would not be indicated. The request is not medically necessary.

#120 OMEPRAZOLE 20 MG CAPSULE X 1 REFILL: Upheld

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

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

Decision rationale: The patient presents with cervical radiculopathy, lumbar radiculopathy, multiple cervical and lumbar disc protrusions and chronic mid back pain. The request is for #120 Omeprazole 20 mg Capsule x 1. Physical exam findings include tenderness and spasm to cervical and lumbar musculature, with decreased sensation to left C3, L4, L5 and S1 dermatomes. MTUS pg 69 NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69) states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." There is no information regarding history of peptic ulcers, GI bleeding, or perforation. There is lack of pertinent information to the request to make a decision based on guidelines. The request is not medically necessary.