

Case Number:	CM14-0131107		
Date Assigned:	08/20/2014	Date of Injury:	09/18/2013
Decision Date:	10/09/2014	UR Denial Date:	07/15/2014
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 Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 09/18/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of sprain/strain of the right shoulder, impingement syndrome of the right shoulder, sprain/strain of the right knee, and facet syndrome of the right L5-S1. Medical treatment consists of physical therapy and medication therapy. Medications consist of Terocin lotion, Hydrocodone/APAP, Omeprazole, and Naproxen. The injured worker has undergone x-rays and MRIs. On 08/05/2014, the injured worker complained of lots of pain. A physical examination revealed that the injured worker had a pain rating of 4/10. Straight leg raise was 90/90. Range of motion was noted that they were within normal limits. An examination of the lumbar spine revealed that it was tender to palpation at the L5-S1 level. The treatment plan for the injured worker was to continue with the use of omeprazole, hydrocodone, APAP, and Terocin lotion. The rationale and Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (Omeprazole) Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg #30 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medication who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any evidence as to how long the injured worker had been taking an NSAID. Furthermore, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of medication, cardiovascular disease, or significant factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, the request for Omeprazole 20mg #30 is not medically necessary.

Hydrocodone-APAP 10-325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (hydrocodone/acetaminophen), On-Going Management, Opioids for chronic pain Page(s): 75, 78.

Decision rationale: The decision for Hydrocodone-APAP 10-325 mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that opioids appear to be efficacious but limited to short term pain relief, and long term efficacy is unclear (less than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend 1 opioid over another. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The California MTUS Guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation submitted for review did not indicate the efficacy of the Norco (hydrocodone/APAP). There was no quantified information regarding pain relief. There was also no assessment regarding current pain on VAS, average pain, intensity of pain, or longevity of pain. There was also a lack of documentation regarding consistent urine drug screens. In addition, there was no mention of any lack of side effects. Given the above, the request for Hydrocodone-APAP 10-325 mg #30 is not supported by the California MTUS Guidelines. The request as submitted did not indicate a frequency or duration. As such, the request is not medically necessary.

Terocin lotion #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 of 127.

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

Decision rationale: The request for Terocin lotion #120 is not medically necessary. The California MTUS Guidelines state that many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Terocin lotion is composed of methyl salicylate, capsaicin, menthol, and lidocaine. According to the guidelines, these compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option if injured workers or patients have not responded or are intolerant to any other treatments. The guidelines state that Lidoderm patch is the only topical form of lidocaine approved. The included medical documents did not indicate that the injured worker had not responded to or was not tolerant of any other treatments. The guidelines do not recommend topical lidocaine in any other form than Lidoderm. The included medical documents lack evidence of a failed trial of antidepressants or anti-convulsants. Furthermore, the request as submitted did not indicate a dosage or duration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Terocin lotion #120 is not medically necessary.