

Case Number:	CM14-0181774		
Date Assigned:	11/06/2014	Date of Injury:	11/04/2013
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old female who had a work injury dated 11/4/13. The diagnoses include right shoulder impingement, rotator cuff tendinitis, cervical spine radiculopathy, cervical spine degeneration and chronic neck pain. The patient was status post right laminoplasties at C4, C5 and C6. Under consideration are requests for retro Terocin patches 3 boxes #30 and retro Omeprazole 20mg #60. There is a 9/24/14 document that states that the patient has failed conservative treatment, including physical therapy, anti-inflammatory medications, injections, and a home exercise program, and there is now a request for authorization of a right shoulder arthroscopy, subacromial decompression, repair of the labrum, and repair of the rotator cuff. There is a primary treating physician's progress report (PR-2) dated 08/18/14; the patient was seen for follow-up regarding the neck pain and radicular symptoms in the upper shoulders and arms. Physical examination of right shoulder revealed impingement. There was a slight weakness with external rotation and abduction. There was pain over the biceps tendon. There was pain over the deltoid. The cervical spine examination revealed C5-6 radiculopathy bilaterally, with right greater than the left. There were tenderness and spasm in the paraspinal musculature. There was decreased range of motion of about 70 percent of normal. The physician's treatment plan included a request for authorization for transcutaneous electrical nerve stimulation (TENS) and magnetic resonance imaging (MRI) of the right shoulder. The patient was on modified duty, with no lifting, pushing, or pulling greater than five pounds, the ability to sit and stand at will, and desk work only. There is a progress report dated 7/03/14 that states that the patient complains of pain in the neck, which radiated into the arms. Physical examination revealed tenderness and spasm over the cervical spine. There was C5-6 radiculopathy. There is a request for medication refill which included Anaprox 550 mg twice a day for anti-inflammatory

effect, Prilosec for gastrointestinal upset related to medication use, Flexeril for spasm, Tramadol ER for sustained pain relief throughout the day, and Terocin patch for direct application to the neck and upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Terocin Patches 3 boxes #30: 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 Topical Analgesics- Lidocaine Page(s): 112.

Decision rationale: Retro Terocin Patches 3 boxes #30 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Terocin patches contain Menthol 4% Lidocaine 4%. The guidelines do not specifically discuss Terocin patches but do discuss Lidocaine in patch formulation. The guidelines state that Lidocaine is 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. The documentation does not indicate evidence of failure of first line therapy. The documentation indicates that the patient has been on Terocin patch without evidence of significant functional improvement or improvement in pain. The request for retro Terocin patches 3 boxes #30 is not medically necessary.

Retro Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Retro Omeprazole 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has complaints of NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. There are no subjective complaints of dyspepsia therefore the retrospective request for Retro Omeprazole 20mg #60 is not medically necessary.

