

Case Number:	CM14-0182592		
Date Assigned:	11/07/2014	Date of Injury:	11/15/2010
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
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 Pain 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 injured worker is a 52 year-old female with a date of injury of November 15, 2010. The patient's industrially related diagnoses include right knee medial tear, multiple herniated lumbar discs, anxiety/depression, insomnia, gastritis, and right and left ankle anterior tibiotalar ligament sprain, Grade 1. The disputed issues are Prilosec 20mg #30, Flexeril 10mg #90, and Terocin Patches. A utilization review determination on 10/2/2014 had non-certified these requests. The stated rationale for the denial of Prilosec was: "There is nothing in the documentation to indicate that the claimant is currently taking oral NSAID medication. There are no documented gastric symptomology." The stated rationale for the partial certification of Flexeril 10mg to only #20 tablets was: "There are positive spasms with hypoesthesia, however, there is no evidence that this is an exacerbation of lower back pain, and muscle relaxants are indicated for short term use." Lastly, the stated rationale for the denial of Terocin patches was: "No further evidence has been submitted of a failed trial of first line antidepressants and anticonvulsants. Topical Lidocaine has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a patient is at risk for gastrointestinal events: "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)." In the submitted documentation available for review, the treating physician documented that the injured worker was not taking any medication due to severe gastritis from use of pain medications. In previous progress reports, there was documentation that the injured worker was taking Motrin 800mg, and on 3/20/2014 she was prescribed Celebrex 200mg. However, there was no documentation that the injured worker was taking or was prescribed any oral NSAIDs at the time of this request. Without the use of NSAIDs, based on the guidelines, there is no indication for a PPI for her industrial injury. Therefore, the currently requested Omeprazole 20mg #30 is not medically necessary at this time.

Flexeril 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: In regard to the request for Flexeril 10mg (Cyclobenzaprine), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Flexeril specifically is recommended for a short course of therapy. In the submitted medical reports available for review, there was no documentation of a specific analgesic benefit or objective functional improvement as a result of the Flexeril. Furthermore, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 10mg #90 is not medically necessary.

Terocin Patches: 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): 111-113.

Decision rationale: Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of topical non-steroidal anti-inflammatories, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of Capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical Lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of a first-line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. In the submitted documentation available for review, there was no evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical Lidocaine. Based on the guidelines, the currently requested Terocin patches are not medically necessary.