

Case Number:	CM14-0184942		
Date Assigned:	11/12/2014	Date of Injury:	10/27/2001
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 Internal 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 (IW) is a 65-year-old man with a date of injury of October 27, 2001. The mechanism of injury was not documented in the medical record. The documentation indicates that the IW was being treated for chronic low back pain. Pursuant to the progress note dated September 26, 2014, the IW complains of low back pain rated 8-9/10, but pain was usually 7/10 and described as constant and dull. The IW indicated the pain radiated to the left aspect of the thoracic spine and left cervical area. Foot drop remained unchanged but he denied weakness of the left lower extremity. Acupuncture had improved his symptoms in the past. Relevant objective findings include two scars, one anterior vertical and one to the right lumbar, scar tissue to the left and inferior aspects of the umbilicus, decreased lumbar range of motion, edema, and erythema of the left leg. The IW was diagnosed with thoracic spine pain; derangement of the right knee; left osteoarthritis; lumbar degenerative disc disease, status-post surgery on April 18, 2014; lumbosacral or thoracic neuritis or radiculitis of the left lower extremity; myofascial pain; and status post left and right knee total knee replacement on April 27, 2013 and October 2005, stable. The Provider is recommending Omeprazole 20 mg, Tramadol 50 mg, 10 acupuncture sessions, Terocin #120 ml, and 4 pairs of TENS patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: 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, GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs, GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated when patients take non-steroidal anti-inflammatory drugs and have a history of or are at risk for certain gastrointestinal events. These risks include, but are not limited to, a greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids and/or anticoagulants; or high dose/multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker does not present with any comorbid conditions or past medical history compatible with peptic ulcer disease, G.I. bleeding, perforation, concurrent use of aspirin, steroids or multiple non-steroidal anti-inflammatory drugs. There were no clinical indications for Omeprazole. Consequently, Omeprazole is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg #60 is not medically necessary.

Tramadol 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #90 is not medically necessary. Long-term opiate use requires documentation supporting ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. Tramadol is a synthetic opiate indicated for moderate to severe pain. Opiates might be considered on a longer-term basis when the patient has returned to work and work as improved function and pain control. In this case, the injured worker has been taking Tramadol since December 2012. There is no clinical documentation of objective functional improvement compared to baseline in the medical record. Consequently, continued use of Tramadol is not medically necessary. Based on clinical information and medical record and the peer-reviewed evidence-based guidelines, Tramadol 50 mg #90 is not medically necessary.

Terocin #120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin #120 MLs is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains topical Lidocaine, Capsaicin, Salicylate, and Menthol. In this case, the requesting physician ordered Terocin topical. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) is not recommended, is not recommended. Consequently, Terocin is not recommended. Additionally, the medical records do not contain objective functional improvement with respect to the use of Terocin. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin #120 mls is not medically necessary.

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