

Case Number:	CM14-0026595		
Date Assigned:	06/13/2014	Date of Injury:	09/13/2011
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Management, and is licensed to practice in Texas. 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 who reported an injury on September 13, 2011 due to cumulative trauma. On February 3, 2014 he reported right shoulder pain. Physical examination of the right shoulder revealed 80 percent range of motion with flexion, extension and abduction along with a positive impingement sign. His diagnoses included right shoulder pain and a history of left shoulder arthroscopic surgery. Medications included Lisinopril 10mg, Tamsulosin 0.4mg, and Vyvanse 50mg. The treatment plan was for 1 bottle of Terocin 120ml and Omeprazole 20mg #60. The request for authorization form and rationale for treatment were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BOTTLE OF TEROGIN 120 ML: 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: The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to the Chronic Pain Medical Treatment Guidelines, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains lidocaine. Lidocaine is not recommended for the treatment of non-neuropathic pain. There is no documentation stating that the injured worker has neuropathic pain. Also, the request did not contain the frequency of the medication. The documentation provided lacks the necessary information needed to warrant the request. The request for one bottle of Terocin 120 ml is not medically necessary or appropriate.

SIXTY CAPSULES OF OMEPRAZOLE 20 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)/PPIs (proton pump inhibitors) Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors, such as omeprazole, for those at risk for gastrointestinal events secondary to NSAID use. There was no documentation that the injured worker had complaints of gastrointestinal upset due to NSAID use or that he was at risk for developing gastrointestinal upset. The rationale for the use of omeprazole was not given. The documentation provided lacks the information needed to warrant the request. The request for sixty capsules of Omeprazole 20 mg is not medically necessary or appropriate.