

Case Number:	CM14-0034630		
Date Assigned:	06/20/2014	Date of Injury:	06/17/2013
Decision Date:	12/31/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/20/2014

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:

This is a patient with a date of injury of 6/17/13. A utilization review determination dated 3/18/14 recommends non-certification of Relafen, Prilosec, and Terocin. The medical report dated 1/21/14 identifies recommendations for Relafen, Prilosec as the patient is prone to gastritis, and Terocin. The medical report dated 2/14/14 identifies tenderness and limited range of motion (ROM). Recommendation include hand therapy, Relafen, Prilosec as the patient is prone to gastritis, and Terocin cream. The medical report dated 3/10/14 identifies that acupuncture sessions have resulted in only temporary partial relief. On exam, there is tenderness and limited range of motion. Recommendations include hand therapy. She does not tolerate either Relafen or Prilosec, so Meloxicam was prescribed. The smell of Terocin cream triggers her migraine headaches and a patch was recommended as the medication has otherwise been helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Relafen, MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, at the time of the request, the patient had apparently been previously utilizing the medication, but there was no indication that the medication was providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Relafen is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

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

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states 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. Within the documentation available for review, the provider noted that the patient was prone to gastritis and she was taking Relafen, an NSAID. However, the Relafen was not medically necessary given the absence of significant pain relief and functional improvement from prior use, and no indication for Prilosec other than dyspepsia with NSAID use was noted. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.

Terocin #240: 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 Medications Page(s): 111-113.

Decision rationale: Regarding the request for Terocin, the California MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical 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 anti-epilepsy drug such as Gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented.

Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested Terocin is not medically necessary.