

<b>Case Number:</b>	CM14-0049502		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Orthopedic Surgery, 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 53-year-old male who was reportedly injured on January 5, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 20, 2014 indicated that there were ongoing complaints of left wrist and forearm pains. The physical examination demonstrated tenderness at the left wrist and forearm with muscle strength of 4/5. Continued therapy was recommended. A request was made for pantoprazole, ranitidine and terocin patches and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective pantoprazole sod. 20mg x 60 (DOS 2/4/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gastrointestinal Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68 of 127.

**Decision rationale:** Pantoprazole is a proton pump inhibitor often prescribed for anti-inflammatory side effects of gastric upset. There was no mention in the medical record that the

injured employee was having any gastrointestinal symptoms. This request for pantoprazole is not medically necessary

**Ranitidine HCl 150 mg x60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gastrointestinal Risks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.nlm.nih.gov](http://www.nlm.nih.gov).

**Decision rationale:** Ranitidine is an H2 blocker medication prescribed for stomach issues such as ulcers, gastroesophageal reflux, and increase stomach acid. The injured employee has not been diagnosed with any of these conditions and they would otherwise be unrelated to the injury. This request for ranitidine is not medically necessary.

**Terocin patch 77 strength x30:** 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.

**Decision rationale:** Terocin patches are topical analgesic patches consisting of methyl salicylate, capsaicin, menthol, and lidocaine. The MTUS Chronic Pain Medical Treatment Guideline does not recommend any topical agents other than anti-inflammatories, lidocaine, and capsaicin. Additional compounded ingredients have not been shown to have any efficacy. This request for Terocin patches is not medically necessary.