

<b>Case Number:</b>	CM14-0060708		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 48-year-old female who has submitted a claim for backache associated with an industrial injury date of March 25, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of neck, low back, right rib cage, and bilateral wrist pain rated 9/10. Neck and low back pain radiates down the right arm and right lower extremity with numbness and tingling as well as right leg weakness. Physical examination showed limitation of motion of the cervical and lumbar spine; tenderness over the right-sided rib cage along T11 and T12 ribs and right greater trochanter; positive straight leg raise; and decreased sensation over the right inner leg. The diagnoses were chronic pain syndrome; bilateral wrist pain and bilateral de Quervain tenosynovitis; history of bilateral rotator cuff impingement; right intercostal strain; right hip greater trochanteric bursitis; right sacroiliac joint dysfunction; and cervical thoracic, and lumbar spine sprain, possible right lower extremity radiculopathy. Treatment plan includes a request for Pantoprazole and Terocin patch. Treatment to date has included oral and topical analgesics, right greater trochanter bursa injection, physical therapy, TENS, home exercise program, and functional restoration program. Utilization review from April 17, 2014 denied the request for 60 pantoprazole 20mg because there was no evidence of gastrointestinal symptoms associated with NSAID use; and 1 prescription of Terocin patches due to lack of support for two of the active ingredients included in this compounded medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixty (60) Pantoprazole 20 mg.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Gastrointestinal symptoms and cardiovascular risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. In this case, the patient has been on chronic NSAIDs noted as far back as December 2013. She reports GI symptoms associated with NSAID use for which pantoprazole was taken. She reports relief of GI symptoms with pantoprazole use. The medical necessity has been established. Therefore, the request for Sixty (60) Pantoprazole 20 mg is medically necessary.

**One (1) Prescription for Terocin Patches:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112.

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. According to California MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be 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 AED such as gabapentin or Lyrica). In this case, the patient has neuropathic pain and was tried on Cymbalta based on a progress report dated January 24, 2014. The guideline supports use of Terocin patch for neuropathy after trial of antidepressants. The medical necessity has been established. Therefore, the request for One (1) Prescription for Terocin Patches is medically necessary.