

<b>Case Number:</b>	CM14-0070323		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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 patient is a 52 year old female who sustained an industrial injury on 8/13/2009. An operative report dated 5/7/2014 indicates the patient was administered radiofrequency medial branch neurotomy at left C4, C5, and C6 with fluoroscopy. The 6/10/2014 follow-up visit report indicates the patient reports improved pain since the cervical radiofrequency procedure. The left side is 80-90% improved. She "just overall feels better". Now her primary complaint is right sided axial pain. She is no longer taking Norco, is taking Tylenol or Advil prn. Pain is down from 9/10 to 5/10. Examination documents cervical extension increases right sided pain before left-sided pain. Extension/rotation causes pain. Rotation left is improved but still has pain at endrange. Rotation right is painful with right axial pain. Muscle strength is normal and symmetrical, reflexes are difficult to obtain, and Hoffman's is negative. She has multilevel facet degeneration, she responded to MBB with 90% relief and left neurotomy gave 80-90% relief. Plan is for right neurotomy at C4, C5, and C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Proton pump inhibitors (PPIs), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** The guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of these criteria apply to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The ODG states PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not include supportive correlating subjective/objective findings documented in a current medical report that would establish Omeprazole is medically indicated. The medical necessity of Omeprazole is not medically necessary.

**Terocin Patch #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. The patient's diagnosis relates to cervical facet degeneration. The medical records do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Topically applied lidocaine is not recommended for non-neuropathic pain. The patient tolerates standard oral medications. There is no evidence of neuropathic pain condition nor failure of standard first-line therapies. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish this topical patch is medically necessary and appropriate for this patient. The request for Terocin patch is not medically necessary in this case.