MAXIMUS Federal Services

Case Number:	CM14-0070828		
Date Assigned:	07/14/2014	Date of Injury:	04/29/1997
Decision Date:	08/12/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/16/2014

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 63-year-old female who reported an injury on 04/29/1997. The mechanism of injury was not provided for clinical review. The diagnoses included impingement syndrome of the right and left shoulder, neck strain, and depression. Previous treatments included medication. Within the clinical note dated 05/29/2014, it was reported the injured worker complained of pain in both shoulders at rest and with movement. The injured worker complained of spasms in both shoulders with tightness and no tingling in the back of both shoulders. The injured worker complained of a weaker grip and grasping in both arms. Upon the physical examination, the provider noted the injured worker's right upper extremity abducts to 90 degrees and left upper extremity abducts to 80 degrees. The provider requested for Terocin patches and Protonix. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated on 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL NSAIDS Page(s): 111-112.

Decision rationale: The request for Terocin patches #30 is not medically necessary. The injured worker complained of pain in both shoulders at rest and with movement. The injured worker complained of spasms in both shoulders with tightness and no tingling in the back of both shoulders. The injured worker complained of a weaker grip and grasping in both arms. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis in the spine, hip, or shoulder. Terocin patches contain lidocaine and menthol. Topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. The FDA for neuropathic pain has designated topical lidocaine in the formulation of a dermal patch Lidoderm for orphan status. There is no documentation indicating the injured worker was treated for or diagnosed with neuropathic pain. Additionally, the injured worker has been utilizing the medication for an extended period of time, since at least 06/2012, which exceeds the Guideline recommendation of short-term use for 4 to 12 weeks. The request submitted did not provide a treatment site. The request submitted did not provide the frequency of the medication. Therefore, the request is not medically necessary.

Protonix 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for Protonix 10 mg #60 is not medically necessary. The injured worker complained of pain in both shoulders at rest and with movement. The injured worker complained of spasms in both shoulders with tightness and no tingling in the back of both shoulders. The injured worker complained of a weaker grip and grasping in both arms. The California MTUS Guidelines note proton-pump inhibitors such as Protonix are recommended for injured workers who are at risk for gastrointestinal and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, GI bleeding or perforation, and use of corticosteroids and/or anticoagulants. In the absence of risk factors for GI bleeding events, proton-pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton-pump inhibitor. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker was at risk for gastrointestinal events. There is no documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The requested submitted did not provide the frequency of the medication. In addition, the injured worker has been utilizing the medication since at least 06/2012. Therefore, the request is not medically necessary.