

Case Number:	CM14-0072508		
Date Assigned:	07/16/2014	Date of Injury:	05/19/2005
Decision Date:	08/28/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/19/2014

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 Nevada. 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 66 year old male who was reportedly injured on May 19, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 9, 2014, is hand written and difficult to read. A prior note dated April 7, 2014, indicates that the injured employee has complaints of neck pain radiating to the bilateral shoulders. The physical examination demonstrated cervical spine muscle spasms and decreased cervical spine range of motion. There was also tenderness along the thoracic spine and decreased lumbar spine range of motion. There was decreased range of motion of both of this shoulders and slightly decreased muscle strength with the deltoids. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was not mentioned. A request was made for Norco, Protonix and Terocin patches and was not certified in the pre-authorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The MTUS Chronic Pain Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Protonix: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary.

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

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The MTUS Chronic Pain Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal distress symptom. The progress note dated April 7, 2014, indicates that the injured employee has been experiencing gastrointestinal upset secondary to anti-inflammatory medications which has been decreased with the use of Protonix. Therefore this request for Protonix is medically necessary.

Terocin Patch: Upheld

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

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

Decision rationale: Terocin patches are a compound of methyl salicylate, capsaicin, menthol, and lidocaine. According to the MTUS Chronic Pain Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Terocin patches is not medically necessary.