

Case Number:	CM14-0073712		
Date Assigned:	07/16/2014	Date of Injury:	01/21/2013
Decision Date:	08/22/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 records, presented for review, indicate that this 60-year-old female was reportedly injured on January 21, 2013. The mechanism of injury was noted as assisting a male patient. The most recent progress note, dated April 14, 2014, indicated that there were ongoing complaints of abdominal and groin pains. The physical examination demonstrated a surgical scar over the left femoral region that has tenderness with light palpation. No hernia was appreciated. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included an inguinal hernia repair on December 13, 2013. Request had been made for Terocin patches, Naprosyn, Omeprazole, and Neurontin and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. Terocin patches are a compound containing capsaicin, menthol, lidocaine, and methyl salicylate. Therefore, this request for Terocin patches #10 is not medically necessary.

Naprosyn 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22 OF 127.

Decision rationale: The California MTUS supports the use of anti-inflammatories as a first-line agent for the management of chronic pain. Based on the clinical documentation provided, the requested medication is considered medically necessary and recommended as medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: Prilosec (Omeprazole) 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. There was no indication in the record provided of a GI disorder. Additionally, the claimant did not have a significant risk factor for potential GI complications as outlined by the MTUS. Therefore, this request for Omeprazole 20mg is not medically necessary.

Neurontin 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-20, 49 OF 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers Gabapentin (Neurontin) to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there was no evidence that the injured employee has any

neuropathic pain nor were any radicular symptoms noted on physical examination. As such, this request for Neurontin 600mg is not medically necessary.