

Case Number:	CM14-0074318		
Date Assigned:	07/16/2014	Date of Injury:	01/30/2004
Decision Date:	10/07/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/22/2014

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 Family Medicine 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 injured worker is a 60 year old female who had a work related injury on 01/30/04. The mechanism of injury is noted as a fall. Most recent clinical documentation submitted for review was dated 04/30/14 and was a handwritten note the injured worker continued to have knee pain. Her left total knee replacement was certified. Upon physical examination no changes were noted. Electrodiagnostic studies on 04/25/14 diagnostic impression, moderate to severe chronic right medial neuropathy at the right wrist, with evidence of focal demyelination of motor and sensory axons within the carpal tunnel, moderate motor axon conduction loss, and mild chronic neuropathic changes and distal thenar musculature. No evidence of other peripheral nerve involvement or of associated cervical radiculopathy affecting the right upper extremity. Prior utilization review on 05/09/14 was noncertified. In reviewing the limited clinical records submitted, there was no clinical documentation that the injured worker had gastrointestinal (GI) problems or was at risk of developing them. Current request was for Protonix 20 milligrams quantity sixty, LidoPro 4 ounces cream one bottle, LidoPro 4 ounces cream up to two bottles, and Terocin patches quantity thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs)

Decision rationale: As noted in the Official Disability Guideline, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of nonsteroidal antiinflammatory drug (NSAID) use. Risk factors for gastrointestinal (GI) events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long term PPI use (greater than one year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

LidoPro 4 oz cream 1 bottle: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Lidocaine which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

LidoPro 4oz cream up to 2 bottles: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials.

Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Lidocaine which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Terocin patches 30: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain Capsaicin, Menthol, and Methyl Salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over the counter version of this medication without benefit. As such, the request for this compound cannot be recommended as medically necessary.