

Case Number:	CM14-0092771		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2012
Decision Date:	09/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 injured worker is a 56 year old male who sustained an injury on 10/31/12. The injured worker's mechanism of injury was not specifically discussed. The injured worker had been followed for complaints of both neck and right upper extremity pain as well as low back pain radiating to the right lower extremity. The clinical report from 06/03/14 was handwritten and somewhat difficult to interpret due to copy quality and handwriting. The injured worker's physical examination did note a positive Spurling's sign as well as a right straight leg raise sign. There was decreased sensation in the right upper and lower extremities with decreased reflexes in the bilateral upper extremities. The requested omeprazole 20mg, quantity 100, Menthoderm gel 120 grams, 2 bottles, and Terocin patch, quantity 30 were all denied by utilization review on 06/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, the request is not medically necessary.

Menthoderm Gel 120gm 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-mentoderm>.

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

Decision rationale: Mentoderm contains Menthol and is available over the counter commercially without a prescription. It is unclear why the injured worker has been prescribed this topical analgesic that is available on an over the counter basis. No specific rationale for the use of this topical analgesic was provided to support its use as a prescribed medication. Therefore, the request is not medically necessary.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine. Decision based on Non-MTUS Citation http://healthprovidersdata.com/hipaa/codes/NDC_68788-9555.aspx.

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

Decision rationale: Terocin contains Capsaicin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, the request is not medically necessary.