

Case Number:	CM14-0199107		
Date Assigned:	01/30/2015	Date of Injury:	07/25/2013
Decision Date:	04/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male, who sustained an industrial injury on 7/23/13. On 11/26/14, the injured worker submitted an application for IMR for review of Pantoprazole (Protonix) 20mg #60, and Terocin patches #20. The treating provider has reported the injured worker complained of persistent neck pain and low back pain that is constant and radiates down to the thighs with numbness and tingling in both legs. The diagnoses have included discogenic cervical condition with facet inflammation and headaches; discogenic conditions with facet inflammation and bilateral radiculopathy. Treatment to date has included cortisone injections to the low back and Sacroiliac joint, chiropractic care, medications. On 10/29/14 Utilization Review non-certified Pantoprazole (Protonix) 20mg #60, and Terocin patches #20. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular Page(s): 69.

Decision rationale: This patient presents with complaints of intermittent neck pain that radiates to the arm and low back pain that radiates into the thighs with numbness and tingling in both legs. The current request is for pantoprazole (Protonix) 20 mg #60. Request for authorization is dated 09/11/2014. MTUS Guidelines page 68 and 69 states that PPI is recommended with precaution for patients for gastrointestinal events including: Age greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. The utilization review denied the request stating that the patient is not over age of 65 and there is no evidence that patient is significantly increased risk for the noted guidelines associated gastrointestinal events. Review of the medical file indicates the patient has been utilizing Nalfon, an NSAID, on a long-term basis. The treating physician has noted that Protonix is to assist in the patient's continued complaints of stomach upset. The patient meets the indication for the use of pantoprazole given the long-term NSAID use and dyspepsia. This request IS medically necessary.

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: This patient presents with intermittent neck pain that radiates into the upper extremities and low back pain that radiates into the thighs with numbness and tingling. The current request is for Terocin patches #20. Request for authorization is dated 09/11/2014. Terocin patch includes salicylate, capsaicin, menthol and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 under Topical Analgesics state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS Guidelines support the use of salicylate topical for osteoarthritis and tendinitis, in particular of the knee and elbow, or other joints that are amenable to topical treatment. In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms, but suffers from chronic neck and low back pain. This request IS NOT medically necessary.