

Case Number:	CM14-0199663		
Date Assigned:	12/18/2014	Date of Injury:	02/15/2012
Decision Date:	01/29/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 58-year-old female with a work-related injury on February 15, 2012. The patient currently presents with cervical pain, associated with tingling, numbness and weakness in the bilateral upper extremity. The patient also reports progress in limited range of motion neck and arms associated with severe muscle spasms. The pain is rated an 8/10 promotion time with flare-up 329/10/4 the end of the day. The physical exam was significant for decreased cervical spine range of motion with tenderness that increase muscle tone, positive cervical compression, distraction and at, limited range of motion to the upper extremity, radiculitis/radiculopathy following C5 - six and C6 - seven dermatomal distribution, severe pain on palpation of the bilateral sacroiliac joints reduction sharp shooting pain down the posterior lateral aspect of both sides, positive sacroiliac joint breath and game test bilaterally and positive Patrick's test on the right. The cervical spine MRI performed on April 3, 2012 revealed right eccentric disc protrusion with osteophytic complex and C5 - C6 with effacement of the thecal sac, but no spinal canal, lateral recess or neural foraminal stenosis. The patient has tried physical therapy, acupuncture, home exercises and medications. A claim was made for kerosene patch and terracing lotion as well as bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of 30 Terocin patches: 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): 111-112.

Decision rationale: Terocin Patch #30 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.

(1) Prescription of 240ml Terocin Lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Prescription of 240mg Terocin Lotion is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.

1 Bilateral Sacroiliac Joint Injection under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain Chapter, Sacroiliac Joint Injections.

Decision rationale: 1 Bilateral Sacroiliac Joint Injection under fluoroscopic guidance is not medically necessary. The MTUS does not make recommendations on sacroiliac joint injections. The ODG chapter on low back pain recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed and if at least 70% reduction in pain for greater than 6 weeks with previous injections. The reviewed record notes did have documentation of failed conservative therapy physical therapy and NSAIDS; however, the length of time for which physical therapy was trialed was not documented. The requested procedure is not medically necessary.

(1) Prescription of 30 Prilosec 20mg: 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 NSAIDs Page(s): 67.

Decision rationale: Omeprazole 20mg #30 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.