

Case Number:	CM14-0201660		
Date Assigned:	12/11/2014	Date of Injury:	03/23/2010
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in 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 44 year old male who was injured at work on 03/23/2010. An 11/18/2014 primary physician's progress report noted he complained of continued 5/10 pain in mid back and below the shoulder blades. The physical examination revealed mild thoracic tenderness to touch, para-scapular hypertonicity, and thoracolumbar spasm. The worker has been diagnosed of Thoracic DDS, Myofascial pain, abnormal weight gain, Insomnia. Treatments have included Cyclobenzaprine as muscle relaxation, Home exercises, TENs unit. At dispute are the requests for Tramadol 50mg #90; Cyclobenzaprine 7.5mg #30; Terocin 120ml; and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: The injured worker sustained a work related injury on 03/23/2010. The medical records provided indicate the diagnosis of Thoracic DDS, Myofascial pain, abnormal

weight gain, Insomnia. Treatments have included Cyclobenzaprine as muscle relaxation, Home exercises, TENs unit. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #90. The MTUS recommends reassessment and consideration of alternative therapy if chronic back pain fails to improve after use of opioids for 16 weeks. The records indicate the injured worker has been using Tramadol since April, 2014 and has not improved. Furthermore, the MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. Therefore, Tramadol is not medically necessary and appropriate.

Terocin 120ml: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 03/23/2010. The medical records provided indicate the diagnosis of Thoracic DDS, Myofascial pain, abnormal weight gain, Insomnia. Treatments have included Cyclobenzaprine as muscle relaxation, Home exercises, TENs unit. The medical records provided for review do not indicate a medical necessity for Terocin 120ml. Terocin is a compounded topical analgesic comprising of Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; and Lidocaine 2.50%. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Terocin is not recommended or medically necessary due to the presence of Menthol, a non-recommended drug.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 03/23/2010. The medical records provided indicate the diagnosis of Thoracic DDS, Myofascial pain, abnormal weight gain, Insomnia. Treatments have included Cyclobenzaprine as muscle relaxation, Home exercises, TENs unit. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #60. The MTUS recommends the use of proton pump inhibitors in individuals with intermediate risk for gastrointestinal events without cardiac risk who are being treated with Non-steroidal ant inflammatory drugs (NSAIDs). This include: individuals above 65 years; history of peptic ulcer, Gastrointestinal bleeding or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; high dose/multiple NSAID. The records reviewed do not indicate the injured worker belongs to any of the above group, neither is the injured worker currently on NSAIDs. Therefore, Omeprazole is not medically necessary and appropriate.

