

<b>Case Number:</b>	CM14-0203332		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 -year-old man who sustained a work-related injury on November 14, 2012. Subsequently, the patient developed a chronic neck, back and right shoulder pain. According to a progress report dated on August 26, 2014, the patient was complaining of ongoing neck pain with a severity rated 9/10 radiating to right shoulder and right upper extremity with weakness and numbness. The patient was also complaining of depression. The patient physical examination demonstrated cervical tenderness with reduced range of motion with decrease in sensation to light touch C4-5 dermatoma on the right shoulder tenderness with reduced range of motion. The patient was treated with pain medications and without for pain control and functional improvement. The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Omeprazole 20 Mg (#60): 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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg # 60 prescription is not medically necessary.

**Retro Cyclobenzaprine 7.5 Mg (#30): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was previously used without clear documentation of efficacy. Therefore, the request for Cyclobenzaprine is not medically necessary.

**Retro Nortriptyline 25 Mg (#60): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13.

**Decision rationale:** According to MTUS guidelines, tricyclics (Nortriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient file, there was no documentation of a specific objective neuropathic pain condition occurring on physical examination. There is no documentation of diabetic neuropathy or post-herpetic neuralgia. Based on the above, the prescription for Nortriptyline 25mg #60 is not medically necessary.

**Retro Diclofenac 100 Mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, DICLOFENAC SODIUM-MISOPROSTOL is used for treatment of pain and inflammation. In this case, the patient was being prescribed Motrin and there is no documented medical necessity for 2 concurrent NSAID's. In addition, there is no documentation of monitoring for safety and adverse reactions of the drug. Therefore, the request for Retro Diclofenac 100 mg is not medically necessary.

**Retro (#30) Terocin Patches Number Ten (#10) (Dispensed On 10/16/2014): 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 Topical Analgesics Page(s): 111.

**Decision rationale:** Terocin patche is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Retro (#30) Terocin Patches Number Ten (#10) (Dispensed On 10/16/2014) is not medically necessary.