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| Case Number: | CM15-0002105 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 04/25/2009 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 67-year-old female who sustained an industrial injury on 04/25/2009. She presented on 12/15/2014 with complaints of intractable shoulder pain. Severity of symptoms is described as moderate to severe with profound limitations. Prior treatments were diagnostics and right shoulder surgery in 2010. Cervical MRI done on 04/07/2011 showed multi-level cervical spondylosis with mild central spinal stenosis at cervical 3-4 and cervical 4-5 with possible impingement of the exiting right cervical 6 nerve root. MRI of lumbar spine on 10/03/2011 showed mild lumbar spondylosis without significantly compromising the central canal or the neural foramina. Diagnoses included impingement syndrome, bicipital tenosynovitis and sprain/strain of lumbosacral spine. On 12/30/2014, utilization review non-certified the request for Terocin pain patch 30 patches once per day # 30 with 1 refill. Omeprazole (Prilosec) 20 mg capsule 2 per day # 60 no refills were also non-certified. Evidence based guidelines used: Goodman and Gilman's - The Pharmacological basis of therapeutics 12th Ed. McGraw Hill 2010, Physicians' Desk Reference, 68th ed. www.RxList.com and, ODG Workers Compensation drug formulary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch 30 Patches, Once Per Day Qty 30 with 1 Refill: Upheld

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

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

Decision rationale: Terocin patch 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 Terocin patches is not medically necessary.

Omeprazole (Prilosec) 20 MG Cap, 2 Per Day Qty 60 with No Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 111.

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 in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg, prescription is not medically necessary.