MAXIMUS Federal Services

Case Number:	CM15-0005980		
Date Assigned:	02/03/2015	Date of Injury:	03/14/2010
Decision Date:	03/26/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/13/2015

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: 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 47 year old female who sustained a work related injury to her right shoulder, left knee and back on March 14, 2010. There was no mechanism of injury documented. The injured worker was diagnosed with discogenic lumbar condition, right shoulder impingement syndrome, internal derangement of the left knee, bilateral carpal tunnel syndrome on Electromyography (EMG), and chronic pain syndrome. No surgical interventions were noted. According to the primary treating physician's progress report on December 29, 2014, the patient continues to experience pain in the neck, back, right arm, right shoulder stiffness and right knee. Current medications are noted as Effexor, Trazadone, Norco, Nalfon, and Protonix. Treatment modalities consist of bilateral epidural steroid injection (ESI) in February 2013 at L5-S1 with good relief and 2 Hyalgan injections to the left knee with good relief (no date documented), medication and physical therapy.The treating physician requested authorization for Terocin Patches # 20; Nalfon 400mg # 60; Protonix 20mg # 60; LidoPro lotion 4 ounces. On January 2, 2015 the Utilization Review denied certification for Terocin Patches # 20; Nalfon 400mg # 60; Protonix 20mg # 60; LidoPro lotion 4 ounces. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guideline) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Nalfon 400mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication, Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with neck, back, right arm, right shoulder, and left knee pain. The treater is requesting 60 Nalfon 400 MG. The RFA dated 11/19/2014 shows a request for Nalfon 400 mg quantity 60. The patient's date of injury is from 03/14/2010 and she is currently not working. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Nalfon on 11/19/2014. The 11/19/2014 report shows that the patient's pain level without medication is 7 to 8/10 and 3 to 4/10 with medications. The 12/29/2014 report shows "She has 50% reduction in pain relief with medication, help her to be functional." In this case, the treater had noted medication efficacy as it relates to the use of Nalfon. The request IS medically necessary.

60 Protonix 20mg: Overturned

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

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

Decision rationale: This patient presents with neck, back, right arm, right shoulder, and left knee pain. The treater is requesting 60 Protonix 20 MG. The RFA dated 11/19/2014 shows a request for Protonix 20mg quantity 60. The patient's date of injury is from 03/14/2010 and she is currently not working.The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: -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." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Protonix on 05/27/2014. The 08/15/2014 QME report shows that the patient has a history of acid reflux and epigastric pain. Given documented gastrointestinal events, the request for PPI is supported by the MTUS guidelines. The request IS medically necessary

Lidpro lotion 4 ounces: 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): 111-113.

Decision rationale: This patient presents with neck, back, right arm, right shoulder, and left knee pain. The treater is requesting Lidpro lotion 4 ounces. The RFA dated 11/19/2014 shows a request for Lidopro lotion 4 ounces. The patients date of injuries from 03/14/2010 and she is currently not working.The MTUS guidelines page 111 to 113 states for topical analgesics, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS further states that for lidocaine, no other commercially approved topical formulations whether creams, lotions or gels are indicated for neuropathic pain. The records show that the patient was prescribed Lidpro on 11/19/2014. LidoPro is a compounded ointment containing capsaicin 0.0325%, lidocaine HCL 4%, menthol 10%, and methyl salicylate 27.5%. In this case, the guidelines do not support lidocaine in other formulations other than in patch form. The request IS NOT medically necessary.

20 Terocin patches: Upheld

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

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

Decision rationale: This patient presents with neck, back, right arm, right shoulder, and left knee pain. The treater is requesting 20 Terocin patches. The RFA dated 11/19/2014 shows a request for 20 Terocin patches. The patient's date of injury is from 03/14/2010 and she is currently not working. The MTUS Guidelines page 112 on topical lidocaine states "recommended for localized peripheral pain after there has been evidence of a first-line therapy -tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica-. Topical lidocaine, in the formulation of a dermal patch -Lidoderm- has been designed for orphan status by the FDA for neuropathic pain."The records show that the patient was prescribed Terocin on 11/19/2014. There is no documentation of functional improvement while utilizing Terocin patches. Furthermore, Terocin patches are only indicated for the peripheral, localized, neuropathic pain, which this patient does not present with. The request IS NOT medically necessary.