

<b>Case Number:</b>	CM15-0007412		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 51-year-old male with a reported injury on 02/03/2013. The injury reportedly occurred when the injured worker's right foot slipped on a wet rock, twisting his knee. The injured worker's prior treatments have included medications, activity modification, the use of a cane, ice applications, and massage therapy. His diagnostic testing has included x-rays of the right knee on 12/19/2014, an unspecified imaging study on 11/07/2014, and an MRI of the right knee on 08/20/2013. His surgical history was noted to include an unspecified knee surgery on 10/23/2013 and a right knee arthroscopic lateral meniscectomy, abrasion arthroplasty to the under surface of the patella and trochlea of the femur, and tricompartment synovectomy with debridement of scar tissue on 10/21/2014. The injured worker was evaluated on 12/19/2014 for complaints of postoperative knee pain. The injured worker continued to use medications, modified activity level, and physical therapy. He described his pain as sharp, stabbing, throbbing, and constant. He described the severity of symptoms as moderate. He also reported left knee pain and used a cane for ambulation. The injured worker reported that his pain was aggravated by physical therapy, and the clinician indicated that the injured worker's condition was not showing improvement. His current medications were noted to include Prilosec, Ultram ER, Terocin, Voltaren, lorazepam, and Percocet 5/325 mg. No physical examination was provided. The clinician's treatment plan included supervised therapy, Terocin to help with pain control and improved function as the injured worker had no significant side effects while using the Terocin, and to continue omeprazole as protection against gastrointestinal events from the use of chronic medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole(Prilosec) 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69-70.

**Decision rationale:** The request for omeprazole (Prilosec) 20 mg #60 is not medically necessary. The injured worker had no gastrointestinal complaints. The California MTUS Chronic Pain Guidelines recommend proton pump inhibitors for patients who are taking nonsteroidal anti-inflammatory drugs and are at intermediate to high risk for gastrointestinal events. The injured worker is less than 65 years of age without documented history of peptic ulcer, GI bleeding, or perforation; there was no concurrent use of aspirin, corticosteroids, or an anticoagulant; and there was no documentation of high dose/multiple nonsteroidal anti-inflammatory drug use. There was no documentation indicating the injured worker was taking oral nonsteroidal anti-inflammatory drugs. Based on the provided documentation, the injured worker is not at intermediate to high risk for gastrointestinal events and was not taking a nonsteroidal anti-inflammatory drug. As such, the requested service is not supported. Therefore, the request for omeprazole (Prilosec) 20 mg #60 is not medically necessary.

**Terocin Patch #30 Refill 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

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

**Decision rationale:** The request for Terocin Patch #30 Refill 1 is not medically necessary. There was no documentation of neuropathic pain. The California MTUS Chronic Pain Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Terocin patch's primary ingredient is lidocaine, which is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy, such as antidepressants or antiepilepsy drugs. Topical lidocaine, in the form of a dermal patch, is supported, while no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. The provided documentation did not indicate a trial and failure of antidepressants or antiepilepsy drugs or quantifiable evidence of benefit with prior use of Terocin. Additionally, Terocin patches also contain menthol, which is not recommended. As such, the request service is not supported. Therefore, the request for Terocin Patch #30 Refill 1 is not medically necessary.

