

Case Number:	CM15-0008655		
Date Assigned:	01/26/2015	Date of Injury:	04/30/2014
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 26-year-old [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 30, 2014. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve request for LidoPro, Terocin, and Protonix. A December 9, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In said December 9, 2014 progress note, the applicant reported ongoing complaints of left shoulder and knee pain, exacerbated by reaching, motion, standing, and walking. The attending provider stated that he was placing the applicant off of work, on total temporary disability, on the grounds that the applicant's employer had failed to honor previously suggested limitations. Flexeril, Nalfon, tramadol, Protonix, LidoPro, and Terocin were endorsed. The attending provider did not clearly state whether he was employing Protonix for actual symptoms of dyspepsia versus prophylactically. On November 4, 2014, the applicant again reported multifocal complaints of pain, 4-9/10. The applicant was using tramadol and Flexeril. Work restrictions, tramadol, and Flexeril were endorsed. There was no mention of the applicant having any issues with reflux, heartburn, and/or dyspepsia on this occasion. In an earlier note dated September 20, 2014, there was, once again, no mention of issues with reflux, heartburn, and/or dyspepsia. Tramadol and Flexeril were endorsed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Lotion 4 ounces: 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 Capsaicin topic. Page(s): 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), LidoPro Medication Guide.

Decision rationale: No, the request for LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of "capsaicin, lidocaine, menthol, and methyl salicylate." However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical LidoPro is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including tramadol, Nalfon, Flexeril, etc., effectively obviated the need for the capsaicin-containing LidoPro lotion. Therefore, the request was not medically necessary.

Terocin patches quantity 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic. Page(s): 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Terocin Medication Guide.

Decision rationale: Similarly, the request for Terocin patches was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including tramadol, Flexeril, Nalfon, etc., effectively obviated the need for the capsaicin-containing Terocin patches. Therefore, the request was not medically necessary.

Protonix 20mg 1 tab BID quantity 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, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: Finally, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix (pantoprazole) are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the attending provider's progress notes failed to outline whether or not the applicant personally experiencing symptoms of dyspepsia. The attending provider did not clearly state whether he was employing Protonix prophylactically or to combat actual symptoms of dyspepsia. The attending provider likewise did not state whether or not ongoing usage of Protonix was or was not effective for whatever use it was being employed for. Therefore, the request was not medically necessary.