MAXIMUS Federal Services

Case Number:	CM15-0140057		
Date Assigned:	07/29/2015	Date of Injury:	02/07/2013
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Connecticut, California, Virginia
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 injured worker is a 54 year old male, who sustained an industrial injury on February 7, 2013. He reported right knee and left shoulder pain. Treatment to date has included surgery, medication, exercising, knee brace and toxicology screens. Currently, the injured worker complains of persistent right knee pain and states he is unable to kneel. The pain is aggravated by prolonged walking and causes right knee swelling. The injured worker is diagnosed with right knee internal derangement, right medial meniscus tear and right shoulder rotator cuff tear. His work status is modified duty (if modifications cannot be accommodated then temporary total disability). A note dated December 23, 2014, states the topical medication absorb directly to the injured area and provide quicker relief and have less effect on internal organs. A note dated July 1, 2015, states the injured worker experiences efficacy from medication (6 on 10 without medication and 2 on 10 with medication). The following medications, Omeprazole 20 mg #60 with 3 refills (to treat gastritis from non-steroidal anti-inflammatory medication) and Terocin DIS 4-4% #10 with 3 refills (for pain relief) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg day supply: 30 qty: 60 refills: 3 rx date: 07/06/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: It is not clear from the provided records whether or not the patient is currently taking NSAIDs, as it appears meloxicam was discontinued. The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Omeprazole being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore the request is not medically necessary given the provided information at this time.

Terocin DIS 4-4% day supply: 12 qty: 10 refills: 3 rx date: 07/06/2015: Upheld

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

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically indicated per the MTUS.