

<b>Case Number:</b>	CM15-0199557		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, New York, 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 47-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 12, 2012. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve request for Prilosec, Effexor (venlafaxine), and topical Terocin. The claims administrator referenced an August 31, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 1, 2015, the applicant reported "intractable" shoulder pain complaints, aggravated by lifting, carrying, pushing, pulling, and reaching. The applicant had undergone 2 failed shoulder surgeries, it was reported. The applicant was described as having moderate severe pain complaints with associated "profound limitations", the treating provider acknowledged. The applicant's medications included Prilosec, Effexor, Klonopin, and Risperdal, it was reported. Prilosec was continued. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia either in the body of the note or in the Past Medical History section of the same. The applicant was described as visibly agitated. Permanent work restrictions imposed by a medical-legal evaluator were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant was asked to continue Terocin and stop all psychotropic medications to include Effexor, Klonopin, and Risperdal. On May 1, 2015, it was acknowledged that the applicant was using Klonopin and Effexor for ongoing issues of adjustment disorder, major depressive disorder, and alcohol dependence, reportedly in remission. The applicant was not working, the medical-legal evaluator reported. On August 21, 2015, the applicant was placed off of work, on total temporary disability, from a mental health perspective. The applicant was

frustrated and not feeling well, the applicant's psychologist reported owing to issues with psychotic disorder and anxiety disorder. Ongoing issues with mood disturbance were reported. On August 4, 2015, the applicant was, once again, placed off of work, on total temporary disability. The applicant was described as just staying home and sleeping all day. On September 1, 2015, the applicant was, once again, placed off of work, on total temporary disability. Issues with anxiety, agitation, pressured speech, and negative thinking were reported. On July 8, 2015, the applicant reported ongoing complaints of neck and bilateral shoulder pain. Sharp, stabbing, and constant pain complaints were reported. The applicant was using Prilosec, Effexor, Klonopin, Risperdal, and aspirin, the treating provider reported. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. The attending provider stated toward the bottom of the note that the applicant was employing Prilosec for cytoprotective effect.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Venlafaxine 37.5mg, 1 tab orally 3 x a day for 30 days #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** No, the request for venlafaxine (Effexor), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as venlafaxine (Effexor) to exert their maximal effect, here, however, the applicant had seemingly been using Effexor for a minimum of several months prior to the date in question. It did not appear that the applicant had profited from the same. The applicant remained off of work, on total temporary disability, from a mental health perspective, the treating provider reported on multiple office visits, referenced above. Heightened issues with depression, anxiety, pressured speech, feelings of helplessness, etc., were seemingly evident, despite ongoing venlafaxine (Effexor) usage. The applicant was described as visibly frustrated and agitated on several occasions. The applicant had failed to return to work, despite ongoing Effexor usage, the treating provider acknowledged on multiple occasions, referenced above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Effexor. It did not appear that ongoing usage of venlafaxine (Effexor) had generated requisite improvements in mood and/or function needed to justify the continuation of the same. Therefore, the request was not medically necessary.

**Terocin patch, standard, transdermally once per day for 30 days #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROGIN-methyl salicylate, capsaicin, menthol...<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid...44d0...>Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data...Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

**Decision rationale:** Similarly, the request for topical Terocin 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, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals needed to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.

**Prilosec, delayed release 20mg, 1 cap orally 2 x a day for 30 days #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Finally, the request for Prilosec, a proton pump inhibitor, was 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 Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple office visits, referenced above. The attending provider suggested on July 8, 2015 that the applicant was using Prilosec for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Prilosec. Namely, the applicant was less than 65 years of age (age 47 as of that date), was only using one NSAID, aspirin, was not using NSAIDs in conjunction with corticosteroids and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.