

<b>Case Number:</b>	CM15-0205210		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Florida, 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 injured worker is a 49 year old female who sustained an industrial injury on 11-22-2013. Medical records indicated the worker was treated for injury to the left wrist, left elbow and right ankle. In the provider notes of 06-09-2015, the worker was nine weeks status post lateral ligamentous reconstruction, peroneal tendon reconstruction, and excision of os trigonum lesion right ankle. On examination she had restricted ankle motion, her incisions were well healed and swelling was moderate. Pulses, sensation, and motor were intact. She has developed a little rash along the heel region which itches. There are no signs of infection. Medications include Ibuprofen. The worker was fitted with an Air-Stirrup brace. She was given a prescription of Lotrimin cream to apply twice daily to the lesion. On 10-08-2015, the worker was seen in follow-up appointment and complained of left wrist pain and right ankle pain. She rated her pain as a "10" with zero being no pain and 10 being the worst pain possible. Her condition is associated with abnormal gait, headache, joint swelling, numbness in left hand, and numbness, tingling of affected limbs and weakness in the left hand. Her pain is aggravated by carrying, climbing stairs, cold environment, descending stairs, doing excessive work, grasping, gripping, pulling, pushing and repetitive pushing. Relieving factors are application of heat or cold, medications and rest. She tolerates the medications well and according to the provider notes, shows no evidence of medication dependency. Terocin topical patches are used for left shoulder pain. Before use of a patch, the pain is 8 on a scale of 0-10, and drops to 5 on a scale of 0-10 with application of a patch. She is able to have hours of pain relief with the patch and is able to perform activities of daily living with use. She takes Sennosides daily for constipation,

pantoprazole for symptoms of gastrointestinal reflux disease, and takes ibuprofen over the counter for pain relief as needed. Quality of sleep is poor and pain is unchanged since last visits. She complains of muscle cramps in the back and left shoulder. Inspection of the shoulder joint reveals no swelling, deformity, joint asymmetry or atrophy. There is no limitation in range of motion. Neer, Hawkins, Empty Cans and shoulder crossover tests are negative. Tenderness is noted in the acromioclavicular joint and the glenohumeral joint. Tinel's sign is positive on the left. Scars on the left wrist are healed. She has no limitation in range of motion. Tenderness to palpation is noted over the ulnar side and triangular fibrocartilage complex. The ankle on the right has swelling with restricted movement. Tenderness is noted over the Achilles tendon fibula-calcaneal ligament talo fibular ligament. She can bear weight on her right ankle. Tenderness to palpation is noted over the proximal interphalangeal joint, distal interphalangeal joint, and metatarsophalangeal joint of the heel and midfoot. The worker is to continue meds as prescribed, ice, heat, and exercise as tolerated. A request for authorization was submitted for: 1. Pantoprazole SOD DR 20mg, 1 twice a day, #60; 2. Senna laxative 8.6mg #100; 3 Terocin patch 4-4% #30. A utilization review decision 09/16/2015 non-certified the request for Terocin patch, modified the requested Pantoprazole to #20 and the Senna laxative was modified to #30.

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

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

**Pantoprazole SOD DR 20mg, 1 twice a day, #60: 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:** This claimant was injured in 2013 with left wrist, elbow, and right ankle injury. There is left shoulder pain. Terocin drops the pain perception by three Visual Analogue Pain Scale points. There is reported GI reflux disease, but no objective functional improvement on the medicine regimen. There is mention of constipation, but no other details. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. Therefore, the requested treatment is not medically necessary.

**Senna laxative 8.6mg #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Senna.

**Decision rationale:** This claimant was injured in 2013 with left wrist, elbow, and right ankle injury. There is left shoulder pain. Terocin drops the pain perception by three points. There is reported GI reflux disease, but no objective functional improvement on the medicine regimen. There is mention of constipation, but no other details. This is a herbal laxative which contains sennosides, which are irritating to the colon, and thereby, induces bowel movements. I did not see strong issues with constipation as to why a herbal preparation would be needed over simple dietary fiber control. The request is not certified. Therefore, the requested treatment is not medically necessary.

**Terocin patch 4-4% #30:** 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): Salicylate topicals. Decision based on Non-MTUS Citation Physician Desk Reference, Terocin/Topical Capsaicin and Methyl Salicylates.

**Decision rationale:** As previously noted, this claimant was injured in 2013 with left wrist, elbow, and right ankle injury. There is left shoulder pain. Terocin drops the pain perception by three points. There is reported GI reflux disease, but no objective functional improvement on the medicine regimen. There is mention of constipation, but no other details. Per the PDR, Terocin is a topical agent that contains:-Methyl Salicylate 25%-Capsaicin 0.025%-Menthol 10%-Lidocaine 2.50%. The MTUS Chronic Pain section notes: Salicylate topicals: Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. Topical Analgesics: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated. The request is appropriately non-certified under MTUS criteria. Therefore, the requested treatment is not medically necessary.