

Case Number:	CM15-0207821		
Date Assigned:	10/26/2015	Date of Injury:	08/29/2012
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old male with a date of industrial injury 08-29-2012. The medical records indicated the injured worker (IW) was treated for cervical disc displacement without myelopathy; rotator cuff syndrome of the shoulder and allied disorders; shoulder region disorders not elsewhere classified. In the progress notes (8-24-15, 9-22-15), the IW reported neck and bilateral shoulder pain rated 10 out of 10. The pain radiated into the bilateral upper extremities. The pain was worse with neck extension and tilting, sitting, weight bearing and working. Cold application, topical analgesics, medications and rest improved the pain. He could sit for 20 minutes to an hour and stand for 40 minutes to 3 hours. The provider stated the IW had difficulty with household chores, but working, yard work, socializing, participating in recreational activities and exercising were not very difficult. On examination (9-22-15 notes), there was tenderness in the cervical paraspinal muscles and the trapezius. Range of motion was restricted. Spurling's maneuver was negative. Bilateral shoulder motion was restricted by pain. Neer and Hawkins tests were negative; empty can test was positive. Upper extremity muscle tone was normal. Motor strength was 4 out of 5 in the bilateral deltoid, biceps, triceps and grip. Sensation to light touch was decreased over the left thumb, index finger and lateral forearm and sensation to pinprick was decreased over the lateral forearm. Treatments included cortisone injections, which were ineffective; cold therapy, which helped; physical therapy, which did not improve the pain; and exercise, which was ineffective. His current medications included Cyclobenzaprine, Lidopro 4% ointment, Naproxen sodium, Pantoprazole sodium DR (since at least 7-2015) and Terocin patch 4-4% (since at least 7-2015). Medications and cervical epidural

injections were recommended. The IW was on modified duty. There was no documentation of gastrointestinal issues for the use of Pantoprazole and Motrin was discontinued. The records also did not show there was a trial and failure of antidepressant and anticonvulsant medication before beginning Terocin patches. A Request for Authorization was received for Pantoprazole sodium DR 20 mg, #60 and Terocin patch 4-4%, #30. The Utilization Review on 9-29-15 non-certified the request for Pantoprazole sodium DR 20 mg, #60 and Terocin patch 4-4%, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sodium DR 20 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton pump inhibitors (PPIs).

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

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulders. The current request is for Pantoprazole sodium DR 20 mg Qty 60. The treating physician report dated 9/22/15 (28B) provides no rationale for the current request. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, while there was documentation provided of current NSAID use, there was no indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.

Terocin patches 4-4% Qty 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): Topical Analgesics.

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulders. The current request is for Terocin patches 4-4% Qty 30. The requesting treating physician report dated 9/22/15 (28B) provides no rationale for the current request. Terocin is a compounded medication, which includes Lidocaine, Capsaicin, Salicylates and Menthol. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy, according to the

criteria below. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." In this case there is no evidence in the documents provided that the patient underwent any first-line therapy. Furthermore, the physician has not documented that the patient presents with localized peripheral neuropathic pain and there is no documentation that prior Terocin usage provided any functional improvement for the patient. The current request is not medically necessary.