

Case Number:	CM15-0027168		
Date Assigned:	02/19/2015	Date of Injury:	06/23/2008
Decision Date:	04/06/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/12/2015

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

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:

The injured worker is a 46 year old male, who sustained an industrial injury on 6/23/08. He has reported back injury. The diagnoses have included cervical degenerative disc disease, pain in upper arm joint, thoracic sprain/strain and lumbar degenerative disc disease. Treatment to date has included physical therapy, home exercise program, TENS unit, acupuncture and oral medications. Currently, the injured worker complains of continued neck, shoulders, mid and low back pain. Progress note dated 12/10/14 revealed he was controlling his pain by resting and self-meditation only; cannot tolerate oral medications and Terocin topical analgesic cream was helpful in the past. On 1/12/15 Utilization Review non-certified acupuncture sessions times 6 to the thoracolumbar spine, noting there is no clear documentation of clinically significant improvement in activities of daily living, reduction in work restrictions or reduction in dependency on continued medical treatment as a result of previous acupuncture treatment and Terocin cream 1 bottle, noting the medical necessity of the topical agent has not been established and submitted a modified certification for Omeprazole 20mg #60, modified to #30, noting the modification was necessary to comply with referenced guidelines of once daily dosage. The MTUS, ACOEM Guidelines, was cited. On 2/12/15, the injured worker submitted an application for IMR for review of Omeprazole 20mg #60, acupuncture sessions times 6 to the thoracolumbar spine and Terocin cream 1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 12/10/2014 report, this patient presents with continued pain in neck, mid and low back. The current request is for Omeprazole 20mg quantity 60 and this medication was first noted in this report. The Utilization Review modified the request to Omeprazole #30. The request for authorization is on 12/10/2014. The patient's work status is return to modified work on 12/10/2014 with restriction. The MTUS page 69 states under NSAIDs, GI symptoms & cardiovascular risk, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 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." MTUS further states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is not currently on NSAID but has stomach upset with the use of oral medications. However, the treating physician does not provide discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The patient is not over 65 years old; no other risk factors are present and there is no documentation of functional benefit from this medication or pain relief as required by the MTUS guidelines on page 60. Therefore, the request is not medically necessary.

Acupuncture for the thoracolumbar spine; 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 12/10/2014 report, this patient presents with continued pain in neck, mid and low back. The current request is for acupuncture for the thoracolumbar spine; 6 sessions "to reduce pain and improve functional improvement. Patient cannot tolerate oral medications." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. Review of the provided reports does not show prior acupuncture treatments and it is not known whether or not the patient has had acupuncture in the past. In this case, it is reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement. The requested 6 sessions is reasonable as MTUS allows up to 3-6 sessions of trial. The request is medically necessary.

Terocin cream quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to the 12/10/2014 report, this patient presents with continued pain in neck, mid and low back. The current request is for Terocin cream quantity 1 "to apply in his thoracic/lumbar back to relieve pain." Terocin lotion contains Capsaicin/ Lidocaine/ Menthol/Methyl Salicylate. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request is not medically necessary.