

Case Number:	CM15-0034539		
Date Assigned:	03/02/2015	Date of Injury:	05/13/2010
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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:

The injured worker is a 63-year-old female with an industrial injury dated 05/13/2010. The mechanism of injury is documented as while carrying a tray she slipped on a rug and fell. She states she had a broken bone in her forearm. She was complaining of lower back pain, neck pain and right wrist pain. Range of motion was decreased in the cervical and lumbar areas. She also had complaints of dysphagia and had been referred to a gastroenterologist. Prior treatment includes right clavicle resection and right shoulder surgery, medications, H wave unit, and home exercises. On 02/05/2015, Utilization Review denied the following requests: Omeprazole 20 mg #60 and Terocin Patches #30. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs, GI symptoms and CV Risk Page(s): 68-69.

Decision rationale: The patient continues to have complaints of neck pain, low back pain and wrist pain. The current request is for Prilosec 20mg/day Qty: 60. Prilosec (Omeprazole) is a proton pump inhibitor that decreases the amount of acid in the stomach. It is used to treat GERD and other conditions caused by excess stomach acid. The medical reports provided for review indicate that the patient is diagnosed with GERD. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, indicate that Omeprazole is used for Treatment of dyspepsia secondary to NSAID therapy. 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. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. In this case, there is diagnosis of GERD secondary to NSAID use. As such, recommendation is for approval.

Terocin Patches quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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

Decision rationale: The patient continues to have complaints of neck pain, low back pain and wrist pain. The current request is for Terocin patches. Terocin is a compounded medication, which includes Lidocaine, Capsaisin, Salicylates and Menthol. MTUS guidelines page 112 states, "topical lidocaine may be recommended for localized peripheral 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)." When reading the ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the records fail to provide evidence of neuropathic pain. There is also no documentation to indicate decreased pain or increased function from the use of Terocin patches as required by MTUS page 60. As such, recommendation is for denial.