MAXIMUS Federal Services

Case Number:	CM15-0037048		
Date Assigned:	03/05/2015	Date of Injury:	04/04/2012
Decision Date:	05/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28-year-old female who reported injury on 04/04/2012. The mechanism of injury was a trip and fall. The diagnoses included cervical and lumbar sprains, lumbar spondylosis and right shoulder pain. Documentation of 11/25/2014 revealed the injured worker had low back pain, neck pain and right shoulder pain. The injured worker had been utilizing a TENS unit with significant benefit and improvement in pain and muscle spasm. The injured worker was utilizing Terocin patches, which were helping. On physical examination, the injured worker had tenderness to palpation of the lower lumbar region. The lumbar spine had limited range of motion. Facet loading was positive predominantly on the right. The injured worker had some tenderness to palpation of the cervical spine. There were no radicular symptoms in the upper extremities. The documentation indicated the injured worker was asking for pain medications and it was noted the injured worker would start on Anaprox 550 mg twice a day, omeprazole 20 mg twice a day and Robaxin daily and continue the Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20 mg #60 with a dos of 12/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker had risk factors or had cardiovascular disease. There was a lack of documentation indicating the injured worker was at intermediate or high risk for gastrointestinal events. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective omeprazole 20 mg #60 with a DOS of 12/23/2014 is not medically necessary.

Retrospective Terocin patch #10 with a dos of 12/23/2014: 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 Salicylate Topicals.Topical Analgesic.Lidocaine Page(s): 105,111,112. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety "are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) 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)." No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review indicated the injured worker had utilized the medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of objective functional improvement and objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Terocin patch #10 with a DOS of 12/23/2014 is not medically necessary.