

Case Number:	CM15-0049891		
Date Assigned:	03/23/2015	Date of Injury:	02/13/2013
Decision Date:	05/08/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: New York

Certification(s)/Specialty: Emergency 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 54 year old male who has reported shoulder pain after a pulling/lifting injury on February 13, 2013. The diagnoses have included shoulder impingement. On September 13, 2013, the injured worker had a right labral repair, subacromial decompression and distal clavicular resection. Other treatments to date have included physical therapy, shoulder injection, and medications. The current treating physician first saw this injured worker on 11/17/14. He was status-post shoulder surgery on 9/13. There was ongoing shoulder pain. Current medications were naproxen and pantoprazole. The treatment plan included Protonix, naproxen, Terocin, Medrox,, modified work, and a functional restoration program. Per the report of 12/5/14, the injured worker was using Terocin and Medrox daily. Anaprox was used less than one time per week, and the injured worker was stated to desire avoiding oral medications. Terocin and Medrox were dispensed. Anaprox was continued. Per the report of 1/9/15 pain was intermittent and 0-3/10. Medrox was used for pain. Work status was modified. Per the report of 2/25/15 there was right shoulder pain at 3/10. Current medications were naproxen, Protonix, Terocin cream, and Medrox patches. There was tenderness over the right AC joint and distal to the right acromion, 5/5 strength, and nearly normal range of motion. The treatment plan included continued Medrox patches, Terocin lotion, Anaprox, and Protonix. The work status was modified. There was no discussion of the specific indications and results for any of the medications. On 3/4/15 Utilization Review non-certified Medrox patches, Terocin lotion, Anaprox, and Protonix. The MTUS was cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Analgesics Page(s): 60,111-113. Decision based on Non-MTUS Citation December 5, 2006 FDA Alert, FDA Warns Five Firms To Stop Compounding Topical Anesthetic Creams.

Decision rationale: Terocin is a combination topical agent that includes methyl salicylate, capsaicin, menthol and lidocaine. The treating physician has not discussed the specific indications for this injured worker. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Topical lidocaine in the form of the Lidoderm patch is indicated for neuropathic pain; however, this diagnosis is not present in this case. The MTUS does not recommend Terocin, and does not recommend topical anesthetics other than Lidoderm for neuropathic pain. Note the FDA warning cited above. Topical lidocaine like that in Terocin is not indicated per the FDA, and places patients at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available in standard formulations, and the reason for compounding the formula prescribed is not clear. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement reported with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The injured worker has expressed a desire to avoid oral medications, and

was using this medication less than once a week per one report. It is not clear what changed or anything changed now. The MTUS recommends against chronic NSAIDs for back pain but does not address chronic use for shoulder pain. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. The necessary benefits and lack of toxicity is not evident. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS, or any other reasons to take a PPI. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Medrox patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dailymed.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications. Medications for chronic pain Page(s): 112,60.

Decision rationale: No reports from the treating physician address the medical necessity for Medrox or discuss the specific components and their respective indications for this injured worker. The MTUS does not recommend 0.0375% capsaicin, as medical evidence is lacking. When indicated, capsaicin is for injured workers who have not responded to other treatments. Capsaicin was prescribed at the initial visit for this injured worker. Capsaicin was dispensed before the injured worker had failed adequate trials of other customary treatments. The MTUS page 60 does not recommend initiating multiple medications simultaneously, as this makes determination of benefit and side effects impossible. In this case, Medrox contains multiple medications (one of which is not recommended), and the MTUS does not support this kind of prescribing. Medrox is not medically necessary based on the MTUS.