

<b>Case Number:</b>	CM15-0060737		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 31 year old male who sustained an industrial injury on 06/24/11. Initial complaints and diagnoses are not available. Treatments to date include medications, injections, cam walker, and walking cane. Diagnostic studies include x-rays, MRIs of the lumbar spine and left knee, CT scan of the left foot, and nerve condition studies of the lower extremities. Current complaints include neck, left foot/ankle, and right hand/wrist pain. In a progress note dated 03/04/15 the treating provider reports the plan of care as continued use of cam walker and walking cane, as well as medication including Prilosec, Terocin, Flexeril, and Kadian. Also requested were transportation for medical appointments, nerve conduction studies of the right upper extremity, and urine drug screening, and blood tests. The requested treatments are Terocin, Kadian, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches #30 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. The claimant had been on Terocin with multiple opioids without indication of reduction in other opioid use. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore continued and chronic use of Terocin patches are not medically necessary.

**Kadian 20mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Kadian is oral morphine. According to the guidelines, Morphine is not indicated as 1st line for nerve root pain, mechanical or compressive etiologies. The claimant's urine screen showed Morphine and Hydromorphone. Hydromorphone was not noted in the medication list for several months. It was checked off in a box prior to the screening. The dosage was not noted. Pain scores were not noted. The combined use of multiple opioids without clear information about other opioids used in conjunction is not recommended. The continued use of Kadian is not substantiated and not medically necessary.

**Omeprazole 20mg (Prilosec) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

