MAXIMUS Federal Services

Case Number:	CM13-0002005		
Date Assigned:	02/07/2014	Date of Injury:	07/17/2008
Decision Date:	04/11/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/18/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 46 year-old female with a date of injury of 07/17/2008. According to report dated 07/16/2013 by [redacted], the patient presents with continued low back and lower extremity pain. She states her pain without medication is 10/10 and 8-9/10 with medications. The patient's pain is worse. EMG dated 01/04/2013 revealed evidence of bilateral chronic L5 to S1 radiculitis. Lumbar CT dated 04/18/2013 showed disc bulge at L3-4 with facet joint hypertrophy. The patient's medication includes Norco 10/325mg, Ambien, Lyrica, Gabapentin 300mg, Zantac 150mg, Nexium, and Terocin lotion. Treater is requesting a repeat ESI and refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USAGE OF PRESCRIPTION OF TEROCIN LOTION: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting Terocin pain relief lotion. Terocin lotion contains Salicylate, Capsaicin and

Lidocaine. The MTUS Guidelines state that 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 drug or drug class that is not recommended is not recommended. Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Furthermore, topical NSAIDs, salicylate in this case, is only recommended for peripheral joint arthritis and tendinitis pain. This patient does not present with such diagnosis and suffers from chronic back pain. Recommendation is for denial.

RETROSPECTIVE USAGE OF PRESCRIPTION OF NEXIUM 40MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms Page(s): 68.

Decision rationale: The MTUS Guidelines states PPI is recommend with precautions as indicated below. 1) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, 2) Determine if the patient is at risk for gastrointestinal events, 3) Age is greater than 65 years, 4) History of peptic ulcers, GI bleeding, or perforation, 5) Concurrent use of corticosteroids and/or an anticoagulant or for high dose/multiple NSAID. Review of medical records indicates this patient has been prescribed Nexium since 01/03/2013. However, there is no evidence that this patient has stomach issues. It also does not appear that the patient is on NSAIDs to consider the use of Nexium for prophylactic prevention of gastritis. The treating physician does not explain why this patient is on Nexium. Recommendation is for denial.