

Case Number:	CM14-0003887		
Date Assigned:	02/03/2014	Date of Injury:	09/10/2012
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine, 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 40-year-old male who has submitted a claim for myofascial pain syndrome, lumbar spine strain and lumbosacral radiculopathy associated with an industrial injury date of September 10, 2012. Medical records from 2013 were reviewed, the latest of which dated December 23, 2013 revealed that the patient complains of 6/10 back pain, 80% in the back and 10% in each leg. He has bladder urgency without incontinence or bowel dysfunction. Sitting aggravates the pain. On physical examination, there was limitation in range of motion of lumbar flexion to approximately 90 degrees, extension to approximately 40 degrees. Straight leg raising test in supine 50 degrees caused back pain. Femoral stretch caused neck pain. There is L4-L5 interspace tenderness without spasm or sciatic notch tenderness. Treatment to date has included epidural steroid injection left L4, L5, S1 (11/21/13), physical therapy, chiropractic therapy, home exercise program, and medications which include Naprosyn, Omeprazole, Neurontin, Terocin ointment, Dendracin ointment, Fexmid and Lidocaine patch. Utilization review from January 6, 2014 denied the retrospective requests for Terocin Topical 1 Gram; 12/23/13, Naprosyn 550mg, #60; 12/23/13 and Protonix 40mg, #60; 12/23/13. Reason for the denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: TEROGIN TOPICAL 1 GRAM; 12/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesic Page(s): 28, 105, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate Topicals.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, Terocin was prescribed since July 16, 2013. In the recent clinical evaluation, there was no mention whether the patient responded to or is intolerant to other treatments. Therefore, the retrospective request for Terocin Topical 1 Gram; 12/23/13 is not medically necessary.

RETRO: NAPROSYN 550MG, #60; 12/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs

Decision rationale: As stated on page 67 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, Naproxen was prescribed since July 16, 2013. In the recent clinical evaluation, the patient still complains of back and lower extremity pain. Pain relief and functional improvement with Naproxen use is unknown due to lack of documentation. Also, Naproxen is only recommended for short-term use. Therefore, the request retrospective for Naprosyn 550mg, #60; 12/23/13 is not medically necessary.

RETRO: PROTONIX 40MG, #60; 12/23/13: Upheld

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

based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 68-69

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Proton pump inhibitors X Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/pantoprazole.html>

Decision rationale: The CA MTUS does not specifically address the topic on Pantoprazole. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. In this case, Protonix was prescribed since December 23, 2013. The patient has a history of GERD. He was prescribed Omeprazole; however, failure of this treatment is unknown due to lack of documentation. The medical necessity of Pantoprazole was not established at this time. Therefore, the retrospective request for Protonix 40mg, #60; 12/23/13 is not medically necessary.