

Case Number:	CM14-0126528		
Date Assigned:	08/13/2014	Date of Injury:	03/19/2003
Decision Date:	09/19/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old female who reported an injury on 03/19/2003. The mechanism of injury was provided within the medical records. The clinical note dated 06/27/2014 indicated a diagnosis of cervicalgia. The injured worker reported upper extremity radiculopathy is the only thing that has not changed since the last treatment. The injured worker reported 75% relief following the last treatment. The injured worker reported moderate neck and upper shoulder stiffness, and a minor headache. The injured worker reported factors that aggravated her pain were sitting. The injured worker's prior treatments were not provided within the documentation submitted. The injured worker's medication regimen was not provided within the documentation submitted. The provider submitted a request for Terocin patches, Naproxen, Omeprazole, Toradol 60 mg, and B-12 IM injection. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg/B12 Intramuscular Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 68-69,72-73,111-113. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Ketorolac injections.

Decision rationale: The request for Toradol 60mg/B12 Intramuscular Injection is not medically necessary. The Official Disability Guidelines recommend Ketorolac injections as an option to corticosteroid injections, with up to three subacromial injections. Avoid use of an oral NSAID at the same time as the injections. Injection of the NSAID ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain. It is not indicated if this was the injured worker's first injection, or if the injured worker had been receiving these injections. In addition, the injured worker has been utilizing naproxen per the guidelines avoid the use of the oral NSAID at the same time as the injection. It was not indicated if the injured worker had stopped the oral NSAID. Furthermore, there is lack of documentation of efficacy and functional improvement with the use of the IM injection. Additionally, the request did not indicate a site for the injection. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for Toradol 60mg/B12 Intramuscular Injection is not medically necessary.

60 Capsules of Omeprazole 20mg: Upheld

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

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

Decision rationale: The request for 60 Capsules of Omeprazole 20mg is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that were support she was at risk for gastrointestinal bleeding, perforations, or peptic ulcers. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, there was lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request for 60 Capsules of Omeprazole 20mg is not medically necessary.

60 Tablets of Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for 60 Tablets of Naproxen Sodium 550mg is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated if the injured worker had been utilizing this medication or if this was a trial use. In addition, there is lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for 60 Tablets of Naproxen Sodium 550mg is not medically necessary.

20 Terocin Pain Patches: Upheld

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

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

Decision rationale: The request for 20 Terocin Pain Patches is not medically necessary. The Terocin patch contains (methyl salicylate/capsaicin/menthol/lidocaine 25/0.025/10/2.5%)The California Chronic Pain Medical Treatment Guidelines state that "transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is lack of evidence in the documentation to indicate the injured worker had postherpetic neuralgia, diabetic neuropathy or post mastectomy pain to warrant the use of capsaicin. In addition, the guidelines recommend lidocaine in the formulation of a dermal patch (Lidoderm) therefore, lidocaine is not recommended. Per the guidelines: any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, the request did not indicate a frequency or dosage for the Terocin patch. Therefore, the request for 20 Terocin Pain Patches is not medically necessary.