

Case Number:	CM14-0131994		
Date Assigned:	08/27/2014	Date of Injury:	06/28/2011
Decision Date:	09/25/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Management 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:

According to the records made available for review, this is a 42-year-old female with a 6/28/11 date of injury. At the time (7/9/14) of request for authorization for retrospective request for two (2) boxes of Terocin patches with a date of service of 6/18/2014 and retrospective request for Omeprazole 20 mg #120 with a date of service of 6/18/2014, there is documentation of subjective (low back and neck pain) and objective (tenderness over the lumbar spine up to bilateral facet region, positive facet provocation test, and diminished sensation in the right L5-S1 dermatomes) findings, current diagnoses (multiple herniated nucleus pulposus of the spine, facet arthropathy of the cervical spine, and facet hypertrophy of the lumbar spine), and treatment to date (medications (including ongoing treatment with Ketoprofen, Terocin patch, and Omeprazole since at least 2/5/14)). Regarding Omeprazole, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for two (2) boxes of Terocin Patches with a date of service of 6/18/2014: Upheld

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

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of multiple herniated nucleus pulposus of the spine, facet arthropathy of the cervical spine, and facet hypertrophy of the lumbar spine. However, Terocin patch contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for two (2) boxes of Terocin patches with a date of service of 6/18/2014 is not medically necessary.

Retrospective request for Omeprazole 20 mg #120 with a date of service of 6/18/2014:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, page 68-69 and on the Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of PPIs. Within the medical information available for review, there is documentation of diagnoses of multiple herniated nucleus pulposus of the spine, facet arthropathy of the cervical spine, and facet hypertrophy of the lumbar spine. In addition, there is documentation of ongoing treatment with Omeprazole with NSAIDs use. However, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Omeprazole 20 mg #120 with a date of service of 6/18/2014 is not medically necessary.

