

Case Number:	CM14-0148959		
Date Assigned:	09/18/2014	Date of Injury:	10/11/2011
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/12/2014

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:

This patient is a 53 years old male who developed chronic spinal and extremity pain subsequent to an injury dated 10/11/11. He has been diagnosed with a lumbar instability with radicular pain. The diagnosis is supported by MRI findings. His low back pain is rated at 6-7/10 VAS and it interferes with a significant amount of ADL's (Activities of Daily Living). He also has chronic cervical pain 6/10 VAS (Visual Analog Scale), in addition right shoulder and knee discomfort is reported. He is also treated for diabetes mellitus, there is no reported testing for the possible development of a peripheral neuropathy as part of the pain felt in the distal legs and feet. The AME (Agreed Medical Examination) evaluator documented moderate pain relief from his mediations. He has been on Ultram in the past which is reported to have been ineffective. He was switched to Norco 10/325mg. #60/month. Medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 dispensed on 7/22/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of opioids when there is reported pain relief and functional support. The treating physician does a poor job of documenting the effects of the dispensed medications; however the AME evaluator reported moderate benefits from the medication. Given the very limited amount of use at #60 tabs per month it is reasonable for a liberal interpretation of the Guidelines i.e. moderate benefits are documented. Under the current circumstances the Norco 10/325mg #60 dispensed on 7/22/2014 is medically necessary.

Prilosec 20mg #30 dispensed on 7/22/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Procedure Summary: Proton Pump Inhibitors

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

Decision rationale: MTUS Guidelines do not recommend the routine use of PPI's (Proton Pump Inhibitors) unless a patient has moderate risk factors for the development of medication related gastritis. There is no documentation that this patient has any of the specific risk factors that listed in the Guidelines. When utilized these are not benign medications and have been associated with increased hip fractures, increased lung infections and dysregulation of biological metals. The Prilosec 20mg #30 dispensed on 7/22/2014 is not medically necessary and appropriate.

Terocin Cream 120ml (2 tubes), dispensed on 7/22/2014: 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): 111-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards the Terocin Cream 120ml (2 tubes), dispensed on 7/22/2014 is not medically necessary and appropriate.

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of opioids when there is reported pain relief and functional support. The treating physician does a poor job of documenting the effects of the dispensed medications; however the AME evaluator reported moderate benefits from the medication. Given the very limited amount of use at #60 tabs per month it is reasonable for a liberal interpretation of the Guidelines i.e. moderate benefits are documented. Under the current circumstances the Norco 10/325 #60 is medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Procedure Summary: Proton Pump Inhibitors

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

Decision rationale: MTUS Guidelines do not recommend the routine use of PPI's unless a patient has moderate risk factors for the development of medication related gastritis. There is no documentation that this patient has any of the specific risk factors that listed in the Guidelines. When utilized these are not benign medications and have been associated with increased hip fractures, increased lung infections and dysregulation of biological metals. The Prilosec 20mg #30 is not medically necessary.

Terocin Cream 120ml: 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): 111-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards the compounded Terocin cream 120ml is not medically necessary.