

Case Number:	CM14-0167993		
Date Assigned:	10/15/2014	Date of Injury:	09/20/2010
Decision Date:	11/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal 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 30 year old male who was injured on 09/20/2010 while lifting a heavy metal beam. Prior treatment history has included Naprosyn, Omeprazole, Terocin lotion, Promolaxin, LidoPro and Naproxen. Diagnostic studies were reviewed. Progress report dated 09/24/2014 states the patient presented with complaints of low back pain with numbness and radiation to the lower extremity. The patient rated his pain to be 6/10. On exam, there was decreased lumbar range of motion and tenderness over the lumbar spine paraspinal muscles. He was diagnosed with lumbar region injury low back pain, myofascial pain, history of cauda equina. The patient was prescribed Fenoprofen 400 mg, Omeprazole 20 mg, and Terocin ointment for a 2 month supply. Prior utilization review dated 10/08/2014 states the request for 1 prescription of Omeprazole 20mg #120; 1 prescription of Terocin ointment 240mg is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The guidelines recommend PPI therapy for patients at risk for adverse GI events on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. Risk factors for GI events for patients on NSAIDs include age > 65, history of GIB, history of PUD, history of perforation, concurrent use of aspirin, concurrent use of steroids, concurrent use of anticoagulants, or high dose/multiple NSAIDs. The guidelines state that PPI are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical documents did not identify a GI condition which requires PPI therapy or identify the patient as increased risk for adverse GI events. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

1 prescription of Terocin ointment 240mg: Upheld

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

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

Decision rationale: The guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications. The guidelines state that any compounded product that contains at least one drug or drug class which is not recommended renders the entire medication to be not recommended. Terocin is a combination of Lidocaine, Capsaicin, Methyl Salicylate, and Menthol. Menthol is not recommended for topical use by the current literature. There have been insufficient studies which have shown a benefit to topical Menthol. It is not clear from the documents provided how long the patient has been using Terocin ointment and what the clinical benefits have been. Additionally, the request did not indicate a frequency of administration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.