

Case Number:	CM14-0084206		
Date Assigned:	07/25/2014	Date of Injury:	11/28/2012
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 30-year-old female who reported an injury on 11/28/2012. The mechanism of injury was not stated. The current diagnosis is right knee status post ACL reconstruction revision. Previous conservative treatment is noted to include injection therapy, medication management, and physical therapy. The injured worker was evaluated on 05/28/2014. It is noted that the injured worker continued to show slow improvement following an ACL reconstruction revision. Physical examination of the right knee revealed a clean and dry wound, 5 to 120 degree flexion, negative instability, and intact sensation. Treatment recommendations included continuation of the current medication regimen of Prilosec, Ultram ER 150 mg, and Terocin patch. It is also noted that the injured worker was recommended for additional physical therapy for the right knee. A Request for Authorization form was not submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

omeprazole 20mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically appropriate.

terocin patch Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of the topical analgesic. It is also noted that the injured worker has continuously utilized Terocin pain patch since 01/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

terocin patch Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of the topical analgesic. It is also noted that the injured worker has continuously utilized Terocin pain patch since 01/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.