

Case Number:	CM14-0036146		
Date Assigned:	06/23/2014	Date of Injury:	03/30/2007
Decision Date:	02/11/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Practice and is licensed to practice in New Jersey. 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 58 year-old female who was injured on 3/30/07. "The patient had neck and lower back pain with radiation to right arm and lower extremities. She complained of tingling into the mid-back. On exam, she had tenderness to palpation of the cervical spine extending into the bilateral trapezius region. She had diminished sensation of the right C5-C8 dermatomes and diminished sensation of the left L5 and S1 dermatomes. She had decreased muscle strength in bilateral deltoids and right wrist extension and flexion. An MRI of the cervical spine showed degenerative disc disease and facet arthropathy with retrolisthesis of C5-6, cervical canal stenosis, neural foraminal narrowing. MRI of the right shoulder showed partial rotator cuff tear. She had electrodiagnostic testing that revealed evidence fo right medial neuropathy at the wrist. She was diagnosed with multilevel herniated nucleosus pulposus of the cervical spine, cervical radiculopathy, lumbar strain, chronic pain syndrome, right shoulder bursitis and impingement, and double crush syndrome. She was treated with Norco, Pamelor, Flexeril, Gabapentin, and Terocin patches. The medications helped "alleviate her pain and help her regain function by approximately 50%. She is able to do activities of daily living. She has dry mouth from the medications. She also wore a right wrist brace on a daily basis and performed a home exercise program. She had a lumbar epidural steroid injection to C5-6. She had chiropractic treatment. The current request is for Terocin pain patch and Omeprazole that was non-certified by utilization review on 3/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch (10 patches), #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111-112.

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. There are also no guidelines for the use of menthol with the patient's spine, hip and shoulder complaints. Topical analgesics are used when patient is unable to tolerate oral medications which is not documented in the chart provided. She had improved function with all her medications but it was unclear if Terocin contributed to this. Therefore, the request is considered not medically necessary.

Omeprazole 20 mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI, NSAIDs, GI risk.

Decision rationale: The request for omeprazole is medically unnecessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a PPI. The patient was not on long-term NSAIDs. PPI's carry many adverse effects and should be used for the shortest course possible when there is a recognized indication. Therefore, the request for Omeprazole is not medically necessary.