

Case Number:	CM15-0004317		
Date Assigned:	01/15/2015	Date of Injury:	04/01/2007
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 female patient, who sustained an industrial injury on 04/01/2007. A QME evaluation dated 12/03/2014 reported involved body parts as; neck, bilateral shoulders, bilateral wrist and hands. Subjective findings reported pain as unchanged. She does report increased pain with the colder weather. She is not currently working and does not use and medical assistive device. Physical examination found tenderness along the dorsum of the wrist and weakness against resistance, flexion and extension. The following diagnoses are applied: discogenic cervical condition per magnetic resonance imaging (MRI) showing multi-level bulges from C-3 to C-7 with note of nerve studies not approved yet; impingement syndrome bilaterally and MRI of left shoulder showing tendinosis as well as joint wear; carpal tunnel syndromw bilaterally status post decompression on the right, and chronic pain syndrome. On 12/17/2014 Utilization Review non-certified request for Lidopro ointment, Pantoprazole and Terocin patch, noting the CA MTUS Topical Analgesia and ODG Trazadone were cited. The injured worker submitted an application for IMR on 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topi.

Decision rationale: The requested Lidopro ointment 121 gm is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, does not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The treating physician has documented wrist tenderness with pain on resistance range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Lidopro Ointment 121 gm is not medically necessary.

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topi.

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Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Ch.

Decision rationale: The requested Pantoprazole 20 mg # 60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk,

Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors."The treating physician has documented wrist tenderness with pain on resistance range of motion. The treating physician has not documented medication-induced GI complaints nor GI risk factors nor derived functional improvements from its use. The criteria noted above not having been met, Pantoprazole 20 mg # 60 is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, C.

Decision rationale: The requested Pantoprazole 20 mg # 60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors."The treating physician has documented wrist tenderness with pain on resistance range of motion. The treating physician has not documented medication-induced GI complaints nor GI risk factors nor derived functional improvements from its use. The criteria noted above not having been met, Pantoprazole 20 mg # 60 is not medically necessary.

Terocin patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topi.

Decision rationale: The requested Terocin Patches # 20 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic

pain after failed first-line therapy of antidepressants and anticonvulsants." The treating physician has documented wrist tenderness with pain on resistance range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Terocin Patches # 20 is not medically necessary.

Terocin patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Top.

Decision rationale: The requested Terocin Patches # 20 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The treating physician has documented wrist tenderness with pain on resistance range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Terocin Patches # 20 is not medically necessary.