

Case Number:	CM15-0012325		
Date Assigned:	01/29/2015	Date of Injury:	10/10/2010
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic shoulder, neck, low back, and wrist pain reportedly associated with an industrial injury of October 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a topical compound; and earlier shoulder surgery. In a Utilization Review Report dated December 22, 2014, the claims administrator failed to approve requests for Norco, omeprazole, Naprosyn, Terocin, and Mentherm. The claims administrator stated that the applicant had undergone earlier shoulder surgery on April 17, 2014. The applicant's attorney subsequently appealed. In an applicant questionnaire dated June 24, 2014, the applicant acknowledged that he was off of work, on total temporary disability, and had not worked since October 2010. In a progress note of June 24, 2014, the applicant's shoulder surgeon suggested pursuit of additional physical therapy. On October 16, 2014, the applicant's primary treating provider (PTP) placed the applicant off of work, on total temporary disability, owing to ongoing complaints of neck, shoulder, low back, and upper extremity pain, highly variable, ranging from 2-7/10. The attending provider did state that the applicant's pain scores were typically reduced from 7/10 without medications to 2/10 with medications. The applicant was nevertheless placed off of work, on total temporary disability, while omeprazole, Naprosyn, Terocin, and Mentherm were endorsed. A TENS unit trial was also proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: 1. No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, as of the October 6, 2014 progress note on which Norco was renewed. While the attending provider did recount some reduction in pain scores from 7/10 without medications to 4/10 with medications on that date, these are, however, outweighed by the applicant's failure to return to work on or around the six-month mark of the date of surgery and also outweighed by the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing medication consumption, including ongoing Norco usage. Therefore, the request was not medically necessary.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Antispasticity/Antispasmodic Drugs Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 3. Similarly, the request for Naprosyn, an antiinflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Norco. While the attending provider did recount some reduction in pain scores reportedly achieved as a result of ongoing medication consumption, including ongoing Naprosyn consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to

outline any meaningful or material improvements in function achieved as a result of the same. Therefore, the request was not medically necessary.

Menthoderm Gel #120g: 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 Salicylate topicals Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ?.

Decision rationale: 4. Similarly, the request for Mentoderm, a salicylate topical, was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentoderm are recommended in the chronic pain context present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has failed to outline any meaningful or material evidence of functional improvement as defined in MTUS 9792.20f, despite ongoing Mentoderm usage. The applicant was/is off of work, on total temporary disability, despite ongoing usage of Mentoderm. Ongoing usage of Mentoderm has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Mentoderm usage. Therefore, the request was not medically necessary.

Terocin Pain patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9. Decision based on Non-MTUS Citation Search Results DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol ... dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0... Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources ... Label: TEROGIN- methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.

Decision rationale: 5. Finally, the request for topical Terocin patches was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, Menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other medications. Here, however, the information on file does not establish the presence of intolerance to and/or failure of multiple classes of first-line oral

pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: 2. Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 59 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the October 16, 2014 progress note contained no references to or mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, either in the body of the report or in the review of systems section of the same. Therefore, the request was not medically necessary.