

Case Number:	CM15-0112010		
Date Assigned:	06/18/2015	Date of Injury:	02/13/2014
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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, New York, 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 35-year-old who has filed a claim for chronic neck, low back, and hip pain reportedly associated with an industrial injury of February 3, 2014. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for omeprazole and topical Terocin. The claims administrator referenced a May 4, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was unable to return to work, the treating provider acknowledged, owing to constant, sharp, and stabbing low back pain complaints. The applicant had undergone earlier failed cervical spine surgery, it was reported. The applicant was on naproxen and Prilosec. The attending provider stated toward the bottom of the report that omeprazole was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. Hysingla, Flexeril, Terocin, Prilosec, and naproxen were all prescribed while the applicant was placed off of work, on total temporary disability. A psychiatric evaluation was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg capsules qty: 180 (DOS 5/4/15): Upheld

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

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

Decision rationale: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his May 4, 2015 progress note that omeprazole (Prilosec) had been prescribed for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of omeprazole. Namely, the applicant was less than 65 years of age (age 35), was only using one NSAID, naproxen, was not using NSAIDs, in conjunction with corticosteroids, and had no known history of prior GI bleeding or peptic ulcer disease. Usage of omeprazole for cytoprotective effect was not, in short, indicated here. Therefore, the request is not medically necessary.

Retrospective Terocin patches qty: 60 (DOS 5/4/15): 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Search ResultsDailyMed - TEROCIN- methyl salicylate, capsaicin, menthol ...dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=85066887-44d0...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: Similarly, the request for topical Terocin 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, the secondary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, the applicant's concomitant usage of first-line oral pharmaceuticals to include naproxen and Hysingla effectively obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request is not medically necessary.