

<b>Case Number:</b>	CM15-0116298		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 57-year-old female who reported an industrial injury on 9/7/2011 involving bilateral hand and wrist pain. She was diagnosed with bilateral carpal tunnel syndrome. Treatment has included carpal tunnel release, oral and transdermal medication, and physical therapy, with the injured worker reporting improved function and activities of daily living. The injured worker continues to experience chronic pain. The treating physician's plan of care includes Omeprazole and Terocin patch. The injured worker is presently working with modified duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 x 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on nabumetone which was approved by UR. Patient had dyspepsia on NSAIDs which is currently controlled with omeprazole. Omeprazole is medically necessary.

**Terocin patch 4%/4% #60 x 1 refill:** Upheld

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

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

**Decision rationale:** The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended". Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. It is not recommended due to no documentation of prior treatment failure or successful trial. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at an attempt of trial with a 1st line agent and failure. It is therefore not recommended. 3) Methyl- Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is taking it chronically medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. Since all components are not recommended, the combination medication Terocin, as per MTUS guidelines, is not medically necessary.