

Case Number:	CM15-0117356		
Date Assigned:	06/25/2015	Date of Injury:	09/29/2010
Decision Date:	07/24/2015	UR Denial Date:	05/24/2015
Priority:	Standard	Application Received:	06/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 70 year old female with an industrial injury dated 09/29/2010. The mechanism of injury is documented as a fall hitting knees and elbows. She suffered a left parietal subarachnoid hemorrhage and was hospitalized for 4 days. Her diagnosis was arthritis of the hip, status post left hip replacement. Co morbid diagnoses included hypertension. Non-steroidal anti-inflammatory medications and IV contrast are listed as allergies due to renal failure. Prior treatments included consult with psychiatry, medications, evaluation by nephrologist, left hip replacement and physical therapy. She presents on 05/13/2015 having completed 4 outpatient therapy sessions. She continues using pain medications, wearing orthotics and modified activity level. She describes left hip pain as dull and radiates into thigh, leg and ankle. She was using a walker to assist with ambulation. Treatment plan included Prilosec, Terocin patch, physical therapy and transportation to neurologist consultation. The provider documents Terocin was helping with pain control and improved function without significant side effects. The provider documents it is allowing the injured worker to significantly decrease or eliminate the use of other medications. The provider also documents by acting locally this medication bypasses the first pass liver metabolism. The treatment request was for Prilosec 20 mg # 60 and Terocin patch # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.

Terocin patch #60: 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.

Decision rationale: Terocin patch is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Terocin patch #60 is not medically necessary.