

Case Number:	CM15-0117669		
Date Assigned:	06/26/2015	Date of Injury:	09/29/2010
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 documentation does not include the date of injury, mechanism of injury or the injured worker's symptoms at the time of the injury were not indicated. The diagnoses include bilateral bursitis pes anserinus, arthritis of the left hip, bilateral knee arthritis, and cervical spondylosis without myelopathy. Treatments and evaluation to date have included oral medications, left total hip replacement on 03/13/2015, physical therapy, and in-home therapy. The diagnostic studies to date have included an MRI of the right knee on 04/02/2014 which showed osteoarthritis with full-thickness chondral loss and a completely degenerated meniscus; an MRI of the left knee on 04/02/2014 which showed arthritis of the lateral compartment with full-thickness chondral loss, exposed subchondral bone, and a markedly degenerated and torn posterior horn; x-rays of the cervical spine which showed disc space narrowing from C2-3 through C5-6, loss of lordosis; paraspinal spasms, mild anterior spondylosis, and foraminal stenosis; x-rays of the pelvis/hip/femur which showed left hip narrowing with bone to bone contact and cystic areas on the hip; x-rays of the right knee; and Doppler study of the left lower extremity. The progress note dated 05/13/2015 indicates that the injured worker had completed a total of 4 outpatient therapy sessions to date. She continued using pain medications, modified activity level, and orthotics on regular basis. Radiation muscle pain radiated from the hip, thigh, leg, and ankle. She complained of left hip/thigh pain and left knee/leg pain. The left knee pain radiated to the ankle. The objective findings include use of a walker for assistance. The injured worker's work status was temporary total disability and to remain off work until the next evaluation. The progress note dated 06/04/2015 indicates that the injured worker complained of left hip pain and

left knee pain. She had completed 10 therapy sessions to-date. The objective findings include the use of a cane. The left knee pain radiated to the left thigh to ankle, and was associated with stiffness. The injured worker's work status was temporary total disability and to remain off work until the next evaluation. The treating physician requested Prilosec DR 20mg #60 and Terocin patch #60. The Prilosec was prescribed as a protectant against GI events from the use of chronic medications. It was noted that the injured worker was benefitting from the use of this medication improving the tolerance of other prescribed medications. No allergies or side effects were reported. It was also noted that the Terocin patch was helping with pain control and it improved function. No significant side effects were reported and no allergies. It was allowing the injured worker to significantly decrease or eliminate the use of the medications. The Terocin patch was recommended for functional restoration for the injured worker, and the goal was to decrease to a minimum or totally avoid the use of controlled substances to help the injured worker with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that "clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." For patients at intermediate risk for GI events and no cardiovascular disease, a non-selective NSAID with either a PPI (proton pump inhibitor like Omeprazole), or misoprostol, or a Cox-2 select agent is recommended. The long-term use of a PPI (more than one year) has been shown to increase the risk of hip fractures. The treating physician should determine if the patient is at intermediate risk for gastrointestinal events (GI), such as over age 65, gastrointestinal history, concurrent aspirin, corticosteroid, and/or an anticoagulant, and high dose/multiple NSAID. The injured worker is 70 but there is no notation of NSAID us or GI symptoms. Therefore, the request for Prilosec is not medically necessary.

Terocin Patch Qty 60: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Terocin patch is a combination of Lidocaine and Menthol. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Additionally, the Terocin is being prescribed for arthritis and there is no diagnosis of neuropathy. Therefore, the request for Terocin patch is not medically necessary.