MAXIMUS Federal Services

Case Number:	CM15-0123701		
Date Assigned:	07/08/2015	Date of Injury:	01/04/2014
Decision Date:	09/16/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 34 year old female, who sustained an industrial injury on January 4, 2014. She reported left shoulder pain. The injured worker was diagnosed as having left shoulder impingement, acromioclavicular joint arthritis and status post distal clavicle resection and subacromial decompression. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left shoulder, physical therapy, conservative care, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 14, 2015, revealed physical therapy was helping. She was put on moderate work duties and physical therapy was continued. Evaluation on February 25, 2015, revealed decreased range of motion in the left upper extremity. Evaluation on May 21, 2015, revealed increased pain and difficulty sleeping. No pain scales were provided. The physician's reports were hand written and difficult to decipher. Omeprazole 20mg #90 and a one-month supply of Terocin patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches 1 month supply: 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: Per the California (CA) MTUS Chronic Pain Treatment Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the manufacturer, Terocin patches contain Methyl Salicylate 25%, Menthol 10%, lidocaine 2.5% and capsaicin 0.25% Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. In this case, there was no documentation of trial and failure of antidepressant or anticonvulsant medication. In addition, there was no noted objective improvement in pain from one visit to the next. Furthermore, The FDA issued a warning for topical salicylates and menthol with higher concentrations, as they can cause burns. There is no evidence of a failed trial of the medication at lower concentrations. There was no noted improvement in activity level and no noted functional gains secondary to the use of Terocin patches. For these reasons, the request for Terocin Patches #30 is not medically necessary.

Omeprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the California (CA) MTUS guidelines, Omeprazole, a proton pump inhibitor is appropriate for the treatment of dyspepsia secondary to NSAID use or for individuals at risk for gastrointestinal events with the use of NSAIDs. It was not noted in the documentation if the injured worker experienced gastrointestinal discomfort with the use of medications. There was no specific incident or description of gastrointestinal problems noted in the provided documents. There was no indication of diagnosis of dyspepsia secondary to NSAID use and no noted increased risk factors for gastrointestinal events. For these reasons, Omeprazole 20 mg #90 is not medically necessary.