

<b>Case Number:</b>	CM15-0126890		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 6/16/2011. The injured worker was diagnosed as having left shoulder post-surgical connective tissue repair and left shoulder sprain/strain, chronic left shoulder pain, consistent with radicular symptoms from the neck. Treatment to date has included diagnostics, left shoulder surgery, physical therapy, chiropractic, acupuncture, and medications. Currently (5/26/2015), the injured worker complains of pain between the shoulder blades, middle back pain, and upper back pain. Flexor and extensor pain in the lumbar spine exacerbated to an intolerable level. His pain was rated 8/10. His work status was full duty without restrictions or limitations. Current medication regimen was not noted. On 5/19/2015, he reported left sided upper back pain, neck, and shoulder. Pain was rated 7/10 and he requested pain medication to cope with pain. Gastrointestinal symptoms were not noted. His work status was full duty without restrictions. He was prescribed Naproxen, Norflex, Ultram, and Protonix. Urine toxicology (1/27/2015) was inconsistent with prescribed medications. Recent progress reports did not detail a request for Terocin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, the use of Naproxen as noted below is not necessary eliminating the need for Pantoprazole for prophylactic use. Therefore, the continued use of Pantoprazole is not medically necessary.

**Terocin cream 120ml #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Page(s): 111-112.

**Decision rationale:** Terocin cream contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. The claimant had been on Naproxen and Ultram along with the Terocin without reduction in use of oral analgesics. The claimant had been on Terocin for over 2 years and long-term use is not indicated. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin cream is not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients

with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen along with Ultram and Norflex with only a 2 point reduction in pain level. Score reduction attributed to Naproxen cannot be determined. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had been on Naproxen for over 2 years and required a PPI. Continued use of Naproxen is not medically necessary.