

Case Number:	CM15-0178166		
Date Assigned:	09/18/2015	Date of Injury:	02/05/2008
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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 49 year old female who sustained an industrial injury on 2-5-08. The assessment is noted as left shoulder sprain, myofascial pain, left elbow sprain, left wrist sprain, constipation, gastroesophageal reflux disease, and history of gastric ulcer. Previous treatment includes acupuncture, MRI left shoulder 12-4-08, MRI cervical spine 12-4-14, physical therapy, chiropractic treatment, medication; Omeprazole for heartburn 12-12-12, nerve conduction study 11-5-12, steroid injection left shoulder 2-26-13, cervical paramedian epidural steroid injection left C7-T1 9-7-13, and home exercise. In a progress report dated 4-22-15, it is noted that after the acupuncture treatment, the injured worker reported a reduction in headaches as well as neck pain and was able to sleep through the night. She reports that the next morning, she started feeling the headaches and neck pain and the left shoulder and elbow pain were more aggravated. In a progress report dated 6-17-15, the physician notes complaints of pain in the left shoulder radiating down the left elbow and left wrist, pain in the left side of the neck and numbness of the left hand. Pain is rated at 5-6 out of 10. She is currently not taking any medication. Cervical spine exam reveals slight swelling and pain on the trapezius as well as medial border of the left scapular area. The left shoulder exam reveals range of motion to 140-145 degrees, but after that, it is restricted and painful. Tenderness is noted at the medial and lateral epicondyle, and the left wrist. The treatment plan is Tramadol, Terocin, Prilosec, awaiting authorization of additional acupuncture sessions, and to continue home exercise. A request for authorization is dated 6-17-15. The requested treatment of acupuncture-left shoulder six sessions, Omeprazole 20mg, #60, and Terocin lotion 120 grams, 2 bottles was denied on 8-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the left shoulder, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant received at least 12 sessions of acupuncture in the past. Progress notes were not provided. In addition, acupuncture is considered an option. The request for 6 additional acupuncture sessions is not medically necessary.

Omeprazole 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole 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, the claimant does not have GI bleeding disorder. The recent notes indicate the Omeprazole was used for GI protection. The claimant was previously on oral NSAIDs and recently topical NSAIDs while on Omeprazole. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. If there was a concern for GI ulcer as noted in the notes, then the topical NSAID - Terocin should not have been provided as well. The request for chronic Omeprazole is not justified and not medically necessary.

Terocin lotion, 120 grams, two bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin lotion 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. In addition, other topical formulations of Lidocaine are not approved. Topical Terocin has NSAIDS which can have systemic absorption similar to oral NSAIDS. This can aggravate the GERD and GI ulcer history. The claimant also required a PPI - Omeprazole. Any compounded drug that is not recommended is not recommended and therefore Terocin lotion is not medically necessary.