

Case Number:	CM15-0045616		
Date Assigned:	03/18/2015	Date of Injury:	04/22/2013
Decision Date:	05/28/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 48 year old male who has reported low back pain after an injury on April 22, 2013. He has been diagnosed with sacroiliac and lumbar strains, and lumbosacral disc degeneration. Treatment has included medications, cognitive behavioral therapy, a functional restoration program, and physical therapy. Reports from the PTP during 2014-2015 reflect ongoing low back pain treated with ongoing Terocin, omeprazole, and tramadol. The indications for the ingredients in Terocin were not discussed. The specific results of using the medications were not discussed. The work status remained as modified. As of 2/24/15, there was ongoing back pain, which significantly interfered with all activities. Terocin, tramadol, and omeprazole were continued. Omeprazole was dispensed "to decrease stomach acidity, gastritis" and protect the stomach if he is using NSAIDs. The work status was modified, unchanged. The PR2 of 3/30/15 did not provide any new information regarding the medications referred for Independent Medical Review. The same medications were continued. On 3/8/15 Utilization Review non-certified Terocin, tramadol, and omeprazole. The Utilization Review physician noted the lack of indications per the MTUS and the lack of any gastrointestinal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 120 ML, Apply to Affected Area As Needed for Pain Qty 1 (Dispensed 2/24/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113. Decision based on Non-MTUS Citation December 5, 2006 FDA Alert, FDA Warns Five Firms to Stop Compounding Topical Anesthetic Creams.

Decision rationale: The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are not recommended per the MTUS. Topical lidocaine in the form of the Lidoderm patch is indicated for neuropathic pain (which is not present in this case). Note the FDA warning cited above. Topical lidocaine like that in Terocin is not indicated per the FDA, and places patients at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

Tramadol HCL ER 150 MG Cap, 1 Cap By Mouth Daily Qty 30 Caps (Dispensed 2/24/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials; Tramadol Page(s): 77-81; 94; 80; 81; 60 94; 113.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The specific results of using tramadol are not discussed in the reports. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the

patient has failed a trial of non-opioid analgesics. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. The actual status of any current work activity is not discussed. The injured worker reports significant limitations on all activities due to pain. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. The request is not medically necessary.

Omeprazole DR 20 MG Cap, 1 Cap by Mouth Twice A Day Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Although the treating physician refers to the use of omeprazole to decrease stomach acidity, gastritis, there is no adequate analysis of any medication condition for which omeprazole might be indicated. There is no discussion of the results of using omeprazole. This injured worker is not taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.