

Case Number:	CM15-0071914		
Date Assigned:	04/22/2015	Date of Injury:	12/17/2013
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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: California
 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 41-year-old male, with a reported date of injury of 12/17/2013. The diagnoses include L5-S1 annular tear with disc bulge, moderate discogenic spondylosis at L5-S1, L4-5 disc bulge with facet hypertrophy, and lumbar radiculopathy. Treatments to date have included chiropractic treatment, oral medications, injections, braces, an MRI of the low back, electrodiagnostic studies of the lower extremities, topical pain medication, and lumbar support brace. The neurological consultation report dated 03/03/2015 indicates that the injured worker complained of constant pain in the low back with radiation to the right leg. He rated the pain 8-9 out of 10. The pain was associated with tingling and weakness in the leg. An examination of the lumbar spine (03/31/2015) include mild straightening of the normal lordotic curvature, pain to palpation throughout the paravertebral lumbar musculature and spasm, mild pain in the bilateral sacroiliac joints, decreased range of motion in all planes due to pain, and positive bilateral straight leg raise test. The treating physician requested Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Terocin patches (unspecified qty), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has constant pain in the low back with radiation to the right leg. He rated the pain 8-9 out of 10. The pain was associated with tingling and weakness in the leg. An examination of the lumbar spine (03/31/2015) include mild straightening of the normal lordotic curvature, pain to palpation throughout the paravertebral lumbar musculature and spasm, mild pain in the bilateral sacroiliac joints, decreased range of motion in all planes due to pain, and positive bilateral straight leg raise test. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin patches (unspecified qty) are not medically necessary.

Prilosec 20mg (unspecified qty): 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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Prilosec 20mg (unspecified qty), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has constant pain in the low back with radiation to the right leg. He rated the pain 8-9 out of 10. The pain was associated with tingling and weakness in the leg. An examination of the lumbar spine (03/31/2015) include mild straightening of the normal lordotic curvature, pain to palpation throughout the paravertebral lumbar musculature and spasm, mild pain in the bilateral sacroiliac joints, decreased range of motion in all planes due to pain, and positive bilateral straight leg raise test. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg (unspecified qty) is not medically necessary.