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**Notice of Independent Medical Review Determination**

Dated: 8/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	5/28/2010
IMR Application Received:	7/10/2013
MAXIMUS Case Number:	CM13-0001138

- 1) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20 mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Terocin Lotion 4oz **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20 mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Terocin Lotion 4oz **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

#### "CLINICAL SUMMARY:

██████████ is a 37 year old (DOB: 01/16/76) female Sergeant who injured her Elbow, Shoulder (Left), Hand (Right), Upper Back Area, Wrist (Left), Elbow (Right), Shoulder (Right), Soft Tissue - Neck while at work on 05/28/10. She is currently working. The Elbow (Left), Shoulder (Left), Hand (Right), Upper Back Area, Wrist (Left), Elbow (Right), Shoulder (Right), Soft Tissue Neck has been accepted by the carrier

"On 05/23/13 ██████████, MD reported neck pain, 4/10; right upper extremity numbness, tingling, pain in hand. Medications help decrease pain level from 7/10 to 4/10, and allows him. to work. Objective: The patient is alert and oriented, in no acute distress, Decreased right C4-C5, and C6 dermatomes. 4+5 right upper extremity lited by pain. Hyperreflexic in bilateral biceps, brachioradialis, and triceps. Negative Hoffmann's bilaterally. Diagnoses: HNP of the cervical spine: Cervical radiculopathy; Right shoulder arthralgia s/p decompression: Right lateral epicondylitis. Treatment plan: Requesting an interlaminar epidural steroid injection at C7-T1. to target the levels of C4-C5."

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/10/13)
- Utilization Review Determination (dated 7/1/13)

- Employee medical records from [REDACTED] (dated 10/24/12-5/23/13)
- Employee medical records from [REDACTED] (dated 10/26/12)
- Employee medical records from [REDACTED] (dated 1/21/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 67-72, 111-113

**1) Regarding the request for Omeprazole 20 mg #60 :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 68, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the neck on 5/28/10. Medical records provided and reviewed indicate treatment has consisted of analgesic medications, topical agents, adjuvant/antidepressant medications, one cervical epidural steroid injection, and normal electrodiagnostic testing of the bilateral upper extremities.

MTUS Chronic Pain guidelines indicate the prophylactic usage of proton pump inhibitors in those who are 65 years of age or greater, those using multiple NSAIDs, and those not using NSAIDs in conjunction with corticosteroids. The medical records provided for review do not document any criteria which would meet the MTUS guidelines for omeprazole. The request for omeprazole 20mg #60 **is not medically necessary and appropriate.**

**2) Regarding the request for Error! Reference source not found.:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 11-113, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the neck on 5/28/10. Medical records provided and reviewed indicate treatment has consisted of analgesic

medications, topical agents, adjuvant/antidepressant medications, one cervical epidural steroid injection, and normal electrodiagnostic testing of the bilateral upper extremities.

MTUS Chronic Pain guidelines suggest that topical analgesics and topical compounds are largely experimental, but can be utilized due to failure of first-line oral pharmaceuticals. The medical records reviewed indicate the employee is using multiple first-line oral pharmaceuticals without any documentation of difficulty, impediment, and/or intolerance. Terocin is an amalgam of multiple agents, including methyl salicylate, capsaicin, menthol, and Lidocaine. It is further noted that one of the ingredients in the compound, capsaicin, is not recommended by the MTUS chronic pain guidelines except as a last-line agent. The request for Terocin lotion, 4oz. **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.