

Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

8/1/2013

3/11/2009

8/12/2013

CM13-0009948

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20MG** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Terocin cream** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 20MG** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Terocin cream** 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 Family 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.

Expert Reviewer Case Summary:

This injured worker is a 53 year old woman with chronic neck and back pain. The date of injury was 3/11/2009. She was struck by a police car. To investigate her symptoms and physical findings she has undergone an EMG of right upper extremity and left upper and lower extremities. She had a brain stem evoked response, a visual evoked response, and somatosensory evoked response. An MRI of the brain in August 2012 showed findings in the medulla oblongata suggesting a bleeding event. On physical exam, she experiences myofascial tenders throughout her cervical and lumbar spinal regions. She has received acupuncture treatments.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Omeprazole 20MG :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS, 2009, Chronic Pain-NSAIDs, GI symptoms, and cardiovascular risk, Page 68, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 68, NSAIDs, GI symptoms & cardiovascular risk, which is a part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state a proton pump inhibitor, such as omeprazole, may be indicated when an NSAID is taken and the patient is at high risk for a gastrointestinal event (with or without cardiovascular disease). A review of the records provided indicates the medical documentation does not support this indication, as this employee is not at high risk for a gastrointestinal event while taking an NSAID. **The request for Omeprazole 20mg is not medically necessary and appropriate.**

2) Regarding the request for Terocin cream :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), 2009, Pain-Topical analgesics Lidocaine, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 111-112, Topical Analgesics, which is a part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state Topical agents have a role in treating neuropathic pain if and when first line agents, such as antidepressants, have failed. Terocin cream is a compounded OTC topical cream containing menthol (10%), capsaicin (0.025%), lidocaine (2.5%), and Methyl Salicylate (25%). The manufacturer markets this topical agent for temporary relief of "mild aches and pains."

Topical agents have a role in treating neuropathic pain if and when first line agents, such as antidepressants, have failed. Topical agents have not been well studied in properly designed controlled, prospective trials for chronic pain and are considered experimental for this indication. Additionally, "any compounded product that contains at least one drug that is not recommended is not recommended." Additional, "topical lidocaine is not recommended for non-rheumatic pain." **The request for Terocin cream 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,

Paul Manchester, MD, MPH
Medical Director

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

/hs

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.