

Case Number:	CM13-0010476		
Date Assigned:	12/11/2013	Date of Injury:	06/18/2007
Decision Date:	01/30/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP, has a subspecialty in ABPM: A, 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 yr. old male who sustained a work related injury on 6/18/07 while lifting a box of lettuce, which resulted in chronic back pain. An exam note on 5/22/13 at [REDACTED] noted he had numbness and tingling down his left leg and foot. He is able to walk at the time. His medications included Norco 10/325 four times a day (he has been taking opioids such as Vicodin for > 1yr), Amitryptiline and Dendracin cream (which is noted to help his pain level). His exam findings indicated decreased sensation in the L3-S1 dermatomes and decreased range of motion of the lumbar spine along with tenderness in the paraspinal regions. His diagnoses included: lumbar radiculopathy and lumbar canal stenosis. A recommendation was made for epidural injections. A subsequent exam note on 6/19/13, 7/15/13, and 8/29/13 stated similar subjective complaints as the exam findings. At the time he was noted to have pain relief with Terocin cream and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Norco and Topical Analgesics Page(s): 111, 74-83.

Decision rationale: Terocin Lotion contains methyl salicylate 25%, capsaicin .025%, menthol 10% and lidocaine 2.5%. According to the MTUS guidelines, Capsaicin is recommended in doses less than .025% although the continued ingredients are approved, topical analgesics are recommended when trials of antidepressants and convulsants have failed. In this case the aforementioned is not documented and as a result Terocin is not medically necessary.

Hydro- APAP 10/325 mg one tablet every 8 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Norco and Topical Analgesics Page(s): 111, 74-83.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco and similar short acting opioids like Vicodin for a year with stable pain scale that requires continued request for epidural injections. The continued use of Norco is not medically necessary.