

Case Number:	CM13-0016731		
Date Assigned:	03/26/2014	Date of Injury:	02/25/2013
Decision Date:	11/10/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a male patient with the date of injury of February 25, 2013. A Utilization Review was performed on August 13, 2013 and recommended non-certification of Docusate/Sennosides 50/8.6 #120 and Terocin pain relief lotion 4 oz #1. A Progress Report dated July 23, 2013 identifies Subjective Findings of neck pain with radiation of pain and numbness down both arms down to hands. He states that the medications do help decrease his pain, allow him to increase his activity level and does help increase his sleep, but he does report some constipation with medication use. Objective Findings identify range of motion of cervical spine is decreased in all planes and limited by pain. Decreased sensation C5, C6, C7 and C8 dermatomes on the left. Deltoid and triceps 4/5 on left. Biceps, internal rotator and external rotators 4+/5 on the left. Diagnoses identify cervical radiculopathy, left shoulder arthralgia, left wrist arthralgia, left elbow arthralgia, left knee arthralgia, and ulna neuropathy of left elbow. Treatment Plan identifies prescribed Senokot, Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOCUSATE/SENNOSIDES 50.8.6 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: Regarding the request for Docusate/Sennosides, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation. Additionally, there is no documentation indicating how the patient has responded to treatment with Docusate/Sennosides. In the absence of such documentation, the currently requested Docusate/Sennosides is not medically necessary.

TEROCIN PAIN RELIEF LOTION 4 OZ #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

