

Case Number:	CM13-0017840		
Date Assigned:	01/03/2014	Date of Injury:	10/31/2003
Decision Date:	03/26/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/28/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 10/31/2003. The patient's diagnosis was noted to be cervical and lumbar radiculopathy. The mechanism of injury was noted to be the patient was going upstairs with a bucket of water and cleaning supplies and slipped and fell backwards down 2 stairs that were apparently wet. The patient's medications were noted to be Terocin, hydrocodone/APAP, and tizanidine. Objectively, the patient had tenderness to palpation to the cervical and lumbar paraspinals. The range of motion of the cervical and lumbar spines was decreased in all planes. The patient's pain was an 8/10 to 9/10. It was indicated the patient was stable since her prior visit. The patient was noted to have radiation of pain, numbness, and weakness down her right leg into her foot. Additionally, the patient was noted to have ongoing neck and low back pain. It was indicated that the patient was taking her tramadol, Zanaflex, and Terocin as needed and denied side effects. The treatment plan was noted to be the patient would continue with her physician for GI complaints and depression and continue with Norco 5/325, Zanaflex for spasms, and Terocin as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111-113. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: Per Drugs.com, Terocin is a topical analgesic containing capsaicin/lidocaine/menthol /methyl salicylate. California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is not recommended in any form other than Lidoderm, and there was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. The earliest clinical documentation submitted for review dated 10/17/2012 revealed the patient had been on this medication since that date. There was a lack of documentation of the functional benefit of the medication and that the patient had trialed and failed antidepressants and anticonvulsants and was unresponsive or intolerant to other treatments. Given the above, the request for Terocin Pain Relief Lotion is not medically necessary.

Hydrocodone/APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Opioids, Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of an objective increase in function, decrease in the VAS score, evidence that the patient is being monitored for aberrant drug behavior, and documentation of side effects. The clinical documentation submitted for review documented the patient's lack of side effects. However, there was a lack of documentation of the other criteria. Additionally, there was a lack of quantity of medication being requested. Given the above, the request for Hydrocodone/APAP 10/325mg is not medically necessary.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are second line treatments for short-term acute exacerbation of low back pain and are for use of less than 3 weeks in duration. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been taking the medication

since 10/17/2012. There was a lack of documentation of objective functional benefit. Additionally, there was a lack of documentation indicating a necessity for a duration of care greater than 1 year. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Tizanidine 4 mg Tablet is not medically necessary.