

Case Number:	CM13-0025618		
Date Assigned:	11/20/2013	Date of Injury:	01/07/2012
Decision Date:	08/01/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 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 28 year-old male with date of injury of 1/7/12. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 9/24/13, lists subjective complaints of pain in the low back which radiates, with numbness, down the left leg. The patient has undergone conservative treatment, including one epidural injection, 15 visits of acupuncture, and six visits of physical therapy. He states the injection and acupuncture helped reduce his pain levels, but the physical therapy did not. Examination of the lumbar spine revealed decreased range of motion in all planes due to pain. There was decreased sensation L4, L5, and S1 dermatomes on left. Straight leg raise elicited pain. Diagnoses included a large herniated nucleus pulposus at L5-S1 with stenosis, and lumbar radiculopathy per MRI. The patient underwent an MRI of the lumbar spine, dated 7/25/13, which revealed degenerative disc disease with retrothrosis and neural foraminal narrowing of L4-5 and L5-S1. The medical records provided for review document that the patient has been taking Norco 10/325mg #90 at least as far back as 8/6/12, and Terocin pain relief patches at least as far back as 8/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco is not medically necessary.

One box of Terocin pain relief patches (10 patches per box): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The active ingredients of Terocin patches are menthol 4% and lidocaine 4%. This medication is classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Terocin patches are not medically necessary.