MAXIMUS Federal Services

Case Number:	CM13-0025968		
Date Assigned:	11/22/2013	Date of Injury:	10/28/1999
Decision Date:	03/25/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 Internal 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 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:

This patient is a 63 year old male, date of injury of 10-28-1999. Primary diagnosis is 722.10 Displacement of lumbar intervertebral disc without myelopathy. PR-2 report 02-04-13 by [redacted] documented a prescription for Norco 10/325mg quantity #45. PR-2 report 05-06-13 by [redacted] documented Subjective complaints including neck and low back symptoms, pain 5-6/10, patient using Tramadol daily and Norco half to one tablet per day for breakthrough pain. Objective findings included normal flexion/extension of lumbar spine but have pain at endpoint of range of motion. Lab panel 02-04-13 showed normal hepatic and renal function. CURES report 05-06-13 is consistent with current providers. Diagnoses were lumbar radiculopathy, L5-S1 foraminal stenosis, chronic pain. Treatment plan was Norco 10/325 quantity #45 to take half to one tablet as needed for breakthrough pain, Tramadol, Zanaflex, Omeprazole, Dendracin cream, TENS unit. PR-2 report 08-07-13 by [redacted] documented Subjective complaints including neck and low back symptoms with pain 6-7/10, an increase in pain in the right shoulder and left ankle for the past few weeks, denied new injury, patient takes Norco half to one tablet per day for breakthrough pain. "He denies any side effects from the medications." Objective findings included normal flexion/extension of lumbar spine but have pain at endpoint of range of motion, right shoulder positive bursitis impingement, left ankle tender to palpation. Diagnoses included lumbar radiculopathy, L5-S1 foraminal stenosis, chronic pain. Treatment plan was Norco 10/325 quantity #45 to take half to one tablet as needed for breakthrough pain, Tramadol 50 mg, Zanaflex, Omeprazole, Dendracin cream, TENS unit. Request for authorization (RFA) dated 08-07-13 requested Terocin Lotion, #45 Norco (hydrocodone/apap 10/325), Tizanidine (Zanaflex), Ompetrazole, TENS unit supplies. Utilization review 09-11-13 by [redacted] recommended Non-Certification of the

request for Terocin pain relief lotion. [redacted] recommended Partial Certification of Hydrocodone/APAP Norco 10/325 at a reduced quantity #30. RFA requested #45 Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief lotion 4oz. QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS guidelines states: There is little evidence to utilize topical Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S for treatment of osteoarthritis of the spine, hip or shoulder. NSAIDs for neuropathic pain is not recommended as there is no evidence to support use. Lidocaine for neuropathic pain is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as gabapentin or Lyrica). Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Analgesics are largely experimental. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin lotion contains Methyl Salicylate, Capsaicin, Menthol, Lidocaine. This patient's primary diagnosis is lumbar intervertebral disc displacement, lumbar radiculopathy, L5-S1 foraminal stenosis. There is little evidence to support the use of topical NSAIDs such as Methyl Salicylate. The available medical records do not document a previous trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) for neuropathic pain. Thus, topical Lidocaine is not recommended. Medical records document that the patient has responded to past treatments and is tolerating his current medication regimen. Thus, Capsaicin is not recommended. MTUS guidelines states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, three ingredients in Terocin are not recommended. Therefore, Terocin lotion is not recommended. Therefore, the request for Terocin pain relief lotion is not medically necessary.

Hydrocodone/Apap 10/325mg QTY: 45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines (Page 88-89) recommends: (a) Do not attempt to lower the dose if it is working (b) Supplemental doses of

break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. The request is for Norco (Hydrocodone/Apap) 10/325mg quantity #45. PR-2 reports documented prescriptions for Norco 10/325 #45 on 02-04-13, Norco 10/325 #45 on 05-06-13, and Norco 10/325 #45 on 08-07-13. Every three months, patient has received the same quantity #45 of Norco 10/325. The average consumption is 1/2 tablet daily of Norco. PR-2 dated 05-06-13 documented the pain level 5-6/10. PR-2 dated 08-07-13 documented an increased neck & back pain level 6-7/10, and increased pain in the shoulder and ankle. CURES report 05-06-13 was satisfactory to the treating physician. Medical records demonstrate a stable consumption of Norco at 1/2 tablet daily, increased pain on 08-07-13, and no evidence of opioid abuse. MTUS guidelines recommends the continuation of the pain medication regimen "if it is working." Therefore, the medical records support a continuation of Norco (Hydrocodone/Apap) 10/325mg quantity #45. Therefore, the request for Hydrocodone/Apap 10/325mg quantity #45 is Medically Necessary.