

Case Number:	CM13-0036731		
Date Assigned:	12/13/2013	Date of Injury:	05/20/2003
Decision Date:	02/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Acupuncture and Pain 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:

The patient is a 63 year old female injured worker with date of injury 5/20/03 with related low back pain with pain into the right leg. The injured worker has been diagnosed with status post lumbar fusion, lumbar radiculopathy, chronic neck pain, right shoulder arthralgia, and chronic pain syndrome. She has limited lumbar range of motion due to pain, diminished sensation to L4, L5, and S1 dermatomes, and a positive straight leg raise at 60 degrees which is indicative of nerve root irritation. The injured worker underwent lumbar spine surgery in 2006. 5/2/13 electrodiagnostic study found no evidence of focal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy affecting the lower limbs, however it is noted that a "normal" EMG does not rule out radiculopathy. The date of utilization review decision was 10/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #135: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 89, 91.

Decision rationale: Per the California MTUS, hydrocodone is indicated for moderate to moderately severe pain. With regard to long-term users of opioids, MTUS recommends re-assessment: (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing side effects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long? (d) Document pain and functional improvement and compare to baseline. The satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction? See Substance Abuse Screening. With regard to strategies for maintenance, MTUS recommends: "(a) Do not attempt to lower the dose if it is working." Upon review of the submitted medical records, per progress note dated 9/19/13 there is evidence that the injured worker continues to experience severe pain rated 8-9/10 that is reduced to 6/10 with the use of this medication 4 times a day. She remains limited with her activities including sitting, standing, and walking but notes that with medications these are improved. The documentation also addresses side effects; the injured worker does have some medication induced constipation which is treated with Senna. The documentation also addresses other medications the claimant is taking, which include Elavil and a sleep aid. The injured worker is seen by the primary treating physician every six weeks and presents a low risk for misuse. This medication reduces pain and allows for an increased level of function, it is medically necessary.

Terocin pain patch box (10 patches): Upheld

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

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

Decision rationale: Terocin is capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical

lidocaine, MTUS states (p112) "Non-neuropathic pain: Not recommended." Terocin topical lotion contains menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, than the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per MTUS p25 Boswellia Serrata Resin is not recommended for chronic pain. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.