

Case Number:	CM13-0037736		
Date Assigned:	01/29/2014	Date of Injury:	07/01/2004
Decision Date:	08/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

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:

This patient is a 64 y/o male, DOI 7/01/04. Subsequent to a crush injury to his foot he has developed chronic neuropathic pain with persistent discomfort associated with this type of pain. He is seen by the primary treating physician on a near monthly basis and is prescribed Opioids along with dispensing various prescription and compounded medications/topicals. Opioid use is minimal to moderate and use has been stable for years. Activity and sleep benefits are documented secondary to the Opioids. No misuse is reported. A trial of Neurontin was not successful. There is no muscle spasm and in the summer of 2012 it is documented by the treating physician that Flexeril is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG TABLETS FOR VISIT 10/18/13 QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

Decision rationale: MTUS Guidelines do not recommend the long term use this muscle relaxant for chronic pain conditions. The patient does not have msucle spasm and previous

documentation by the treating physician notes that it is not necessary. There has been no substantial change in the patient's condition for several years. There are no unique circumstances that would be an exception to Guideline recommendations. The Flexeril is not medically necessary.

TEROCIN PATCHES FOR VISIT 10/18/13 QTY: 20.00: 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): 111,112.

Decision rationale: Terocin Cream and/or patches is a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards the compounded Terocin is not medically necessary.

LIDOPRO GEL 120 GRAMS FOR VISIT 10/18/13 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: LidoPro Gel is a blend of various over the counter products plus Lidocaine .45%. MTUS Chronic pain Guidelines are very specific that only FDA approved Lidoderm is recommended. All other formulations and blends containing Lidocaine are not recommended. There are no unique circumstances that justify an exception to Guideline recommendations. The LidoPro is not medically necessary.

NORCO 10MG/325MG TABLETS FOR VISIT 10/18/13 QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement, page Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Strategy for Maintenance Page(s): 89.

Decision rationale: It is well established the moderate use of opioids has been beneficial maintaining the patient's function at a fairly high level. Use has been stable for years and there is no evidence of misuse during this time period. The Norco at #90 per month appears medically

necessary and is consistent with Guideline recommendations. Therefore, the request is medically necessary.

DICLOFENAC 100MG FOR VISIT 10/18/13 QTY: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: It is documented that other NSAID's other than Diclofenac were trialed and discontinued due to lack of effectiveness. Diclofenac is documented to continue to provide ongoing pain relief. MTUS Guidelines allow for the long term use of NSAID's under these circumstances. Therefore, the request for Diclofenac is medically necessary.