

Case Number:	CM13-0038066		
Date Assigned:	12/18/2013	Date of Injury:	05/02/2012
Decision Date:	03/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/25/2013

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 Management 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 55-year-old male who reported an injury on 05/02/2012. The patient is currently diagnosed as status post surgical repair of industrial injury with right shoulder labral tear and tendinitis, degenerative changes at the right glenohumeral joint, right thigh contusion, right ankle sprain, cervical sprain, and sleep disorder with myofascial pain. The patient was recently seen by [REDACTED] on 11/21/2013. Physical examination revealed diminished cervical range of motion, diminished shoulder range of motion, diminished lumbar spine range of motion, tenderness at the right medial and lateral collateral ligament, diminished range of motion of the right knee, tenderness to palpation of the lumbar spine, positive FABER testing, positive straight leg raise bilaterally, hypoesthesia over the right L3-4 dermatome, moderate tenderness to palpation over the lateral aspect of the right thigh, and positive right knee patellar grinding. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/Apap 7.5/500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines # 167, 9792.24.2 Page(s): 79 - 81, 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesic. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient had continuously utilized opioid medication. Despite the ongoing use, the patient continued to report with high levels of pain. Documentation of a significant change in physical examination indicating a functional improvement was not provided. Satisfactory response to treatment was not indicated by a decrease in pain, increase in function, or improved quality of life. Therefore, the ongoing use of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines # 167, 9792.24.2 Page(s): 79 - 81, 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesic. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient had continuously utilized opioid medication. Despite the ongoing use, the patient continued to report with high levels of pain. Documentation of a significant change in physical examination indicating a functional improvement was not provided. Satisfactory response to treatment was not indicated by a decrease in pain, increase in function, or improved quality of life. Therefore, the ongoing use of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

Terocin Lotion 120 ml x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines # 167, 9792.24.2 Page(s): 79 - 81, 111 - 113.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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 as a whole. Terocin lotion contains methyl salicylate, capsaicin, menthol, and lidocaine. Lidocaine is indicated for neuropathic pain following a trial of first-line therapy with oral tricyclic or SNRI antidepressants or

anticonvulsants. Topical lidocaine in the formulation of a dermal patch has been designated by the FDA for neuropathic pain. Capsaicin is only indicated for patients who have not responded or are intolerant to other treatments and is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain. As per the clinical notes submitted, there is no indication this patient has failed a trial of first-line therapy with oral medication prior to the initiation of a topical analgesic. As guidelines do not recommend lidocaine in the formulation of a topical product such as cream or lotion, the current request cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.