

Case Number:	CM13-0041182		
Date Assigned:	12/20/2013	Date of Injury:	10/24/2004
Decision Date:	02/07/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation 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 61 year-old male General Laborer sustained an injury on 10/25/04 while employed by [REDACTED]. Requests under consideration include Norco 5/325 MG #40 and Terocin cream. Report dated 9/5/13 from [REDACTED] noted the patient taking Norco, Cymbalta and using Terocin cream which decrease pain and allow for activity. He has completed 6 sessions of acupuncture treatment with is helpful to decrease muscle stiffness and range of motion. The patient wants follow-up with [REDACTED] who performed lumbar fusion surgery in 2011 to consider possible hardware removal. Objective findings noted right arm resting tremor; back decreased painful range of motion and TTP (no specific plane or degree specified). No other neurological exam documented. Diagnoses include Lumbar sprain/strain; degenerative lumbar disc; chronic pain syndrome. Treatment to continue Norco and Terocin cream and home exercises and stretches. Spine consultation dated 10/9/13 from [REDACTED] noted the patient with complaints of constant radicular low back pain with stiffness. Exam showed well-healed midline lumbar incision from L4 to sacrum; non-tender; normal heel and toe walking; negative SLRs; 5/5 motor strength; normal sensation with equal DTRs 2+. X-rays show well-positioned pedicle screws for instrumented fusion L4 to sacrum. CT scan of 1/14/11 showed solid arthrodesis with no residual stenosis with intact instrumentation. Recommendation include follow-up with pain management, [REDACTED] as neurological exam appears within normal limits. Above medication requests were non-certified on 9/11/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: This 61 year-old male General Laborer sustained an injury on 10/25/04 while employed [REDACTED]. Requests under consideration include Norco 5/325 MG #40 and Terocin cream. Report dated 9/5/13 from [REDACTED] noted the patient taking Norco, Cymbalta and using Terocin cream which decrease pain and allow for activity. He has completed 6 sessions of acupuncture treatment with is helpful to decrease muscle stiffness and range of motion. The patient wants follow-up with [REDACTED] who performed lumbar fusion surgery in 2011 to consider possible hardware removal. Objective findings noted right arm resting tremor; back decreased painful range of motion and TTP (no specific plane or degree specified). No other neurological exam documented. Diagnoses include Lumbar sprain/strain; degenerative lumbar disc; chronic pain syndrome. Spine consultation dated 10/9/13 from [REDACTED] noted the patient with complaints of constant radicular low back pain with stiffness. Exam showed well-healed midline lumbar incision from L4 to sacrum; non-tender; normal heel and toe walking; negative SLRs; 5/5 motor strength; normal sensation with equal DTRs 2+. X-rays show well-positioned pedicle screws for instrumented fusion L4 to sacrum. CT scan of 1/14/11 showed solid arthrodesis with no residual stenosis with intact instrumentation. Recommendation include follow-up with pain management, [REDACTED] as neurological exam appears within normal limits. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Norco 5/325 MG #40 is not medically necessary and appropriate.

Terocin cream: Upheld

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

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

Decision rationale: This 61 year-old male General Laborer sustained an injury on 10/25/04 while employed [REDACTED]. Requests under consideration include Norco

5/325 MG #40 and Terocin cream. Report dated 9/5/13 from [REDACTED] noted the patient taking Norco, Cymbalta and using Terocin cream which decrease pain and allow for activity. He has completed 6 sessions of acupuncture treatment which is helpful to decrease muscle stiffness and range of motion. The patient wants follow-up with [REDACTED] who performed lumbar fusion surgery in 2011 to consider possible hardware removal. Objective findings noted right arm resting tremor; back decreased painful range of motion and TTP (no specific plane or degree specified). No other neurological exam documented. Diagnoses include Lumbar sprain/strain; degenerative lumbar disc; chronic pain syndrome. Treatment to continue Norco and Terocin cream and home exercises and stretches. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. [REDACTED] has not submitted specific indication to support this medication outside of the guidelines nor is there any documented functional improvement from treatment already rendered for this 2004 injury. The Terocin cream is not medically necessary and appropriate.