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| Case Number: | CM13-0045295 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/22/2010 |
| Decision Date: | 03/19/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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, has a subspecialty in Pulmonary Disease, 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 65-year-old male who reported injury on 10/22/2010. The mechanism of injury was noted to be a motor vehicle accident. The patient was noted to undergo a left shoulder subacromial decompression and extensive debridement of the rotator cuff, biceps and labral tearing on 05/20/2013. The patient was noted to have pain of a 5/10 on the pain scale. The Norco was noted to be taken at 1 to 2 per day as well as the topical patches. The patient indicated that the combination of medications was effective in allowing the patient to decrease pain and increase function as then the patient was able to do more around the house and perform his regular chores with the aid of the medication. The patient denied side effects. The patient's diagnoses were noted to include left knee status post arthroscopy, partial medial meniscectomy, abrasion chondroplasty of the medial femoral condyle and removal of loose bodies in 2012, left knee DJD (degenerative joint disease), right knee chondromalacia patella, status post derivative symptoms, status post right knee arthroscopy greater than 20 years, right shoulder subacromial decompression on 05/22/2013 and a right knee medial meniscus tear. The request was made for Terocin, LidoPro topical, hydrocodone/APAP and a medical panel to evaluate hepatic and renal functioning between 09/24/2013 and 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Terocin pain patch box, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: The California MTUS indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topicals are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine/Lidoderm: No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review indicated the patient noted the combination of Terocin patches and Norco were effective at allowing the patient to decrease the pain and increase function. The patient was noted to be able to do more around the house and perform regular chores with the aid of the medication and denied side effects. There was a lack of documentation indicating specific objective functional improvement. There was a lack of documentation indicating that there was a necessity for 2 forms of lidocaine and 2 forms of capsaicin as there was another form of the medication concurrently being reviewed with the ingredients of lidocaine and capsaicin. There was a lack of documentation indicating the patient had neuropathic pain and had trialed and failed antidepressants and anticonvulsants. Given the above, the request for Terocin pain patch, box #10, is not medically necessary.

Prescription Lidopro topical ointment 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/search.php?searchterm=LidoPro>

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topicals are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine/Lidoderm: No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per drugs.com,

LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain and had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating that there was a necessity for 2 forms of lidocaine and 2 forms of capsaicin as there was another form of the medication concurrently being reviewed with the ingredients of lidocaine and capsaicin. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a prescription of LidoPro topical ointment 4 ounce is not medically necessary.

Prescription for Hydrocodone/APAP 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines indicate that hydrocodone/APAP is appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in VAS (visual analogue scale), objective functional improvement, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review indicated the patient noted the combination of Terocin patches and Norco were effective at allowing the patient to decrease the pain and increase function. The patient was noted to be able to do more around the house and perform regular chores with the aid of the medication and denied side effects. There was a lack of documentation indicating an objective decrease in the VAS with the medications, specific objective functional improvement and aberrant drug behavior. Given the above, the request for prescription for hydrocodone/APAP 10/325 #90 is not medically necessary.

One medical panel to evaluate hepatic and renal functioning between 9/24/13 and 12/9/13: 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 NSAIDS (Nonsteroidal anti-inflammatory drugs), Page(s): 70.

Decision rationale: The California MTUS guidelines indicate that the package inserts for NSAIDs (Nonsteroidal anti-inflammatory drugs) recommend periodic lab monitoring of a CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review failed to indicate if the patient had prior testing and the date of service for prior testing along with the patient's results. Given the

above, the request for one medical panel to evaluate hepatic and renal functioning between 9/24/13 and 12/9/13 is not medically necessary.