

Case Number:	CM13-0050541		
Date Assigned:	12/27/2013	Date of Injury:	07/20/1999
Decision Date:	05/16/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 and Pain Management, and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 07/20/1999. The mechanism of injury was not provided in the medical records. She is diagnosed with bilateral knee severe degenerative joint disease. Her medications were noted to include Norco 10/325 mg 3 times per day and Docuprene 100 mg 2 per day for opioid induced constipation. Documentation indicates that the patient reports a decrease in her pain from a 10/10 to a 6/10 with the use of her Norco and she denies any side effects. Her treatment plan was noted to include a referral to a knee replacement specialist and continued use of her medications. A urine toxicology report dated 10/02/2013 detected the presence of Norco; however, it was noted that clonazepam was also detected and was not listed on the patient's reported medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY PURCHASE FOR HYDRO/APAP 10/325 #90 AND #45 TIMES TWO (2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is evaluated for aberrant behavior. The injured worker was evaluated on 08/07/2013. It was documented that the injured worker used Norco 10/325 mg in the past and was currently using Norco 5/325 mg. It is documented that the injured worker rated the pain at 9/10. However, the clinical documentation from the requested date of service did not provide an adequate assessment of pain relief. There is no indication that the injured worker required a higher dosage than what is currently prescribed. Additionally, ongoing use of opioids is not supported as there is no documentation that the injured worker is evaluated for aberrant behavior. There is no documentation of functional benefit resulting from prior opioid usage. As such, the retrospective request for hydrocodone/APAP 10/325 mg #90 and #45 times two (2) (DOS 8/7/2013) is non-certified.

TEROCIN LOTION 120ML TIMES TWO (2): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Terocin lotion is noted to include methyl salicylate, capsaicin, menthol, and lidocaine. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The guidelines further indicate that compounded topical products that contain 1 drug that is not recommended are not recommended. The Guidelines indicate that topical salicylates such as [REDACTED] and methyl salicylate are supported as they have been found to be greater than placebo in the treatment of chronic pain. However, use of topical capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments and topical lidocaine is only recommended by evidence-based guidelines in the formulation of the Lidoderm patch. Therefore, as the requested topical compound contains capsaicin and lidocaine, which are not recommended, the topical compound is also not recommended. As such, the request for Terocin Lotion 120 ml times two (2) is non-certified.