

Case Number:	CM13-0053697		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2008
Decision Date:	03/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 female who reported an injury on 08/01/2008. The mechanism of injury was noted to be the patient was packing the contents of a patient's desk. The patient's prior treatments were noted to be a lumbar rhizotomy, TENS unit, and aquatic exercise, as well as medications including Norco, Trazodone, Terocin, gabapentin, and Celebrex. The patient's pain was noted to be a 9/10. The patient was noted to be taking Norco 10/325 4 per day, Trazodone 50 mg at night for insomnia, Lidoderm, and gabapentin 600 mg 4 times a day, and Terocin patches as a topical pain reliever due to the fact that Lidoderm patches caused side effects. The patient's diagnoses were noted to be left L3-4 facet arthropathy, chronic low back pain status post L4 through S1 fusion with an L3 artificial disc, left sacroiliitis, bilateral chronic knee pain, and chronic pain. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg prescription qty 60 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatments.

Decision rationale: California MTUS Guidelines indicate that Trazodone is appropriate for the treatment of pain; however, it does not address insomnia. As such, secondary guidelines were sought. Per Official Disability Guidelines, Trazodone has been useful to treat insomnia. However, there is less evidence to support its use for insomnia but it was indicated it may be an option in patients with coexisting depression. The clinical documentation submitted for review failed to indicate the patient had coexisting depression. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Trazodone 50 mg prescription quantity 60 tablets is not medically necessary.

Hydrocodone/APAP 10/325 mg qty 90 tablets: 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: California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effect, and documentation that there is evidence the patient is being monitored for aberrant drug behavior. The clinical documentation submitted for review failed to provide documentation of the above. Given the above, the request for hydrocodone/APAP 10/325 mg quantity 90 tablets is not medically necessary.

Terocin Patched 1 box (10 patches): 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, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.
Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... 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...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. California MTUS guidelines recommend treatment with topical Salicylate. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review indicated the patient had a reaction to Lidoderm patches which caused skin irritation and there was a lack of documentation indicating whether the patient was having a reaction to the topical. There was a

lack of documentation indicating the patient had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the patient had not responded or was intolerant of other treatments. Given the above, the request for Terocin patch 1 box 10 patches is not medically necessary.