MAXIMUS Federal Services

Case Number:	CM13-0069925		
Date Assigned:	01/03/2014	Date of Injury:	05/29/2012
Decision Date:	06/09/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 34-year-old, male, employee of [redacted] with a date of injury last May 29, 2012. He has been complaining of chronic lower back and right lower extremity pain. The requests for the following are submitted: Terocin times two (2), 90 Norco 10/325MG, and 60 Fexmid 7.5MG. The treatment to date includes physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, anticonvulsant, topical analgesic creams/ointments, and surgery. The utilization review from July 19, 2013 revealed non-certification for: Terocin times two (2), 90 Norco 10/325MG, and 60 Fexmid 7.5MG. Terocin was not supported because it contains Lidocaine that is not recommended for topical use and topical analgesics are largely experimental in use with few trials to determine efficacy and safety. Norco 10/325 was not supported because the patient's response to medication was not described in terms of pain relief generated, improvements in function, timing and frequency of intake, as well as relevant adverse drug reactions. Fexmid 7.5MG is only recommended for short course therapy; however, it was not supported because duration of previous use was unspecified and the total duration of use could not be determined. The progress notes from 2012 revealed chronic lower back and right lower extremity pain, with progressive numbness, paresthesias, and weakness in the right leg. The pain is rated to be 10/10. Episodes of increasing right lower leg pain requiring emergency room consultation were noted. The progress notes from 2013 reported persistence of the patient's symptoms despite surgery. Physical therapy was noted to improve his symptoms; however, it was reported that the pain was so severe that the patient cannot live without his medications. A physical examination from the latest progress notes dated July 10, 2013 showed: normal reflex, sensory, and power testing to bilateral upper and lower extremities; straight leg raise and bowstring are negative; and minimal lumbar tenderness. The current status of the patient is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN QTY: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL CAPSAICIN, TOPICAL LIDOCAINE, TOPICAL SALICYLATES, Page(s): 28, 105, 111-113, 105.. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, SALICYLATE TOPICALS.

Decision rationale: Terocin contains four (4) active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. The Chronic Pain Guidelines indicate that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, the guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, the guidelines do not cite specific provisions. However, the Official Disability Guidelines indicate that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the MTUS guidelines indicate that salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient used Terocin for his chronic lower back and right lower extremity pain as early as April 3, 2013. However, Terocin was reported to contain Capsaicin and Lidocaine. Therefore, the request for Terocin is not medically necessary.

NORCO 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 Opioids Page(s): 79-81.

Decision rationale: The Chronic Pain Guidelines indicate that pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially abnormal drug-related behaviors need to be documented when patients are taking opioid medications. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Norco is used to relieve moderate to severe pain. In this case, the earliest progress reporting the patient's use of Norco is April 3, 2013. The progress notes indicated that there was use of Norco, but the duration of use to date is not indicated. There is lacking information of recent reports concerning: continued analgesia,

continued functional benefit, or a lack of adverse effects. The latest progress notes is dated July 10, 2013, the current status of the patient is unknown. The guidelines require clear and concise documentation for ongoing management. Therefore, the request for 90 Norco 10/325mg is not medically necessary.

FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), Page(s): 41-42.

Decision rationale: The Chronic Pain Guidelines indicate that Fexmid is a brand name of Cyclobenzaprine, and is recommended as an option as a short course therapy for treating musculoskeletal conditions such as pain and/or injury. In this case, the patient has been noted to take Cyclobenzaprine since July 25, 2012 for the chronic lower back and right lower extremity pain. However, long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Fexmid is not medically necessary.