

Case Number:	CM14-0001916		
Date Assigned:	01/22/2014	Date of Injury:	02/21/2001
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 injured worker is a 76-year-old male who reported an injury on 02/21/2001. The mechanism of injury was not provided in the documentation. Per the clinical note dated 10/25/2013, the patient reported medication is the only conservative treatment that he is trying for his pain. Per the clinical note dated 12/20/2013, the patient reported continuing pain to his neck, right shoulder, bilateral hands, low back, and bilateral knees. The patient reported his daily pain at 7/10. The patient stated that the Norco decreased the pain to 5/10, making it more manageable and allowing him to be more functional. The patient reports daily spasms, numbness, and tingling, which is worse at night. Per the physical exam, the patient's left upper extremity abduction was 130 degrees and range of motion of the neck was satisfactory. Right upper extremity abduction was 80 degrees. Range of motion of bilateral wrist and hands was satisfactory. Bilateral lower extremities extend to 180 degrees and flex to 100 degrees. Diagnoses included impingement syndrome status post decompression and shoulder arthritis, kidney failure with dialysis, diabetes, and issues with sleep. The Request for Authorization for medical treatment was dated 12/22/2013. The request was for medications to address the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: 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 Chronic Pain Medical Treatment Guidelines Opioids, Page(s): 75, 78.

Decision rationale: According to the California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain, extended release opioids are recommended. The 4 domains most relevant for ongoing monitoring of chronic pain include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. 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. In this case, the documentation stated the employee had improvement in pain while using this medication; however, there was a lack of objective clinical findings to support this claim. The documentation stated the employee continued to rate his pain at a high level, even while utilizing this medication. In addition, the request did not specify the strength or the dosage of the requested medication. Therefore, the request for Norco is not medically necessary and appropriate.

120 SOMA 350 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants Page(s): 29, 63, 65..

Decision rationale: The California MTUS Guidelines state this medication is not recommended and is not indicated for long-term use, not recommended for longer than a 2 to 3 week period. Soma is a commonly prescribed centrally-acting skeletal muscle relaxant. Soma abuse has also been noted in order to augment or alter effects of other drugs, including increasing sedation of benzodiazepines or alcohol, used to prevent side effects of cocaine, used with tramadol to produce relaxation and euphoria, and as a combination with hydrocodone, and effect that some abusers claim is similar to heroin. The guidelines recommend non-sedating muscle relaxers with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Per the documentation provided the employee has been using Soma for an extended period of time which is not recommended per the guidelines. In addition, there is a lack of clinical objective documentation of the efficacy of the Soma. Therefore, the request for the 120 Soma 325 mg is not medically necessary and appropriate.

ONE PRESCRIPTION OF LIDOPRO LOTION, 4 OZ: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain. There is a lack of documentation regarding the intended use of this medication, including dosage and frequency along with body location. Therefore, the request for LidoPro lotion, 4 oz, is non-certified.

20 TEROGIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Topical Analgesics, Page(s): 111-112.

Decision rationale: Per California MTUS Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain, and has also been used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine are indicated for neuropathic pain. Topical salicylate (methyl salicylate) is recommended as significantly better than placebo in chronic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The Terocin patch contains methyl salicylate, capsaicin, and menthol and lidocaine hydrochloride. In this case, there is a lack of documentation regarding the previous use of this medication and the efficacy. In addition, there was a lack of documentation that Lidoderm patches had been tried prior to the request for the Terocin. The MTUS guidelines recommend that any compound that contains 1 or more drug or drug class that is not recommended is not recommended. Therefore, the request for Terocin patches #20 is not medically necessary and appropriate.