MAXIMUS Federal Services

Case Number:	CM14-0007652		
Date Assigned:	02/19/2014	Date of Injury:	04/21/2003
Decision Date:	04/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/21/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported an injury on 04/21/2003. The mechanism of injury was not provided. The documentation from 12/02/2013 revealed the patient's medications included Norco which helped decrease the patient's pain and helped him with daily activities, Lortab elixir, tramadol ER, and Terocin patches. The patient indicated the medications decreased the pain from 9/10 to 6/10 on the pain scale. The patient's diagnoses were noted to include severe lumbar facet arthropathy and degenerative disc disease of the lumbar spine as well as degenerative joint disease of the lumbar spine. The request was made for medication refills. It was indicated the patient had been compliant with all treatments had had no signs of aberrant behavior. The patient's medication history included opiates as of 07/2013 and Terocin as of 09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 BOTTLE OF LORTAB ELIXIR 7.5/500MG/15CC DOS: 12/02/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN AND ONGOING MANAGEMENT, OPIOIDS, DOSING Page(s): 60, 78, 86.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient was taking multiple medications and that the medications decreased the pain from 9/10 to 6/10 on the pain scale. It was further indicated that the medications helped the patient decrease his pain and helped him with his daily activities. The patient had an objective decrease in the VAS score and was monitored for aberrant drug behavior. However, there was lack of documentation of objective improvement in function. The cumulative dose would be 187.5 mg of oral morphine equivalents, which exceeds the guideline recommendations. Given the above, the retrospective request for 1 bottle of Lortab elixir 7.5/500 mg per 15 cc, date of service 12/02/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR 30 CAPSULES OF TRAMADOL 34 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN AND ONGOING MANAGEMENT, OPIOIDS, DOSING Page(s): 60, 78, 86.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient was taking multiple medications and that the medications decreased the pain from 9/10 to 6/10 on the pain scale. It was further indicated that the medications helped the patient decrease his pain and helped him with his daily activities. The patient had an objective decrease in the VAS score and was monitored for aberrant drug behavior. However, there was lack of documentation of objective improvement in function. The cumulative dose would be 187.5 mg of oral morphine equivalents, which exceeds the guideline recommendations. Given the above, the retrospective request for 30 capsules of tramadol 34 150 mg is not medically necessary.

RETROSPECTIVE REQUEST FOR 90 TABLES OF HYDROCODONE/APAP 10/325MG, DOS: 12/02/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN AND ONGOING MANAGEMENT, OPIOIDS, DOSING Page(s): 60, 78, 86.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient was taking multiple medications and that the medications decreased the pain from 9/10 to 6/10 on the pain scale. It was further indicated that the medications helped the patient decrease his pain and helped him with his daily activities. The patient had an objective decrease in the VAS score and was monitored for aberrant drug behavior. However, there was lack of documentation of objective improvement in function. The cumulative dose would be 187.5 mg of oral morphine equivalents, which exceeds the guideline recommendations. Given the above, the retrospective request for 90 tablets of hydrocodone/APAP 10/325 mg, DOS: 12/02/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 BOX OF TEROCIN PATCHES, QTY: 10.00: Upheld

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

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 salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain. The patient was noted to be taking the medication since 09/2013. There was a lack of documentation of objective functional improvement received from the medication. Additionally, there was a lack of documentation indicating the patient had a trial and failure of anticonvulsants and antidepressants. Given the above, the retrospective request for retrospective request for 1 box of Terocin patches, qty: 10.00 is not medically necessary.