

Case Number:	CM14-0101136		
Date Assigned:	07/30/2014	Date of Injury:	03/01/2004
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 Nevada. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on March 1, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 12, 2014, indicated that there were ongoing complaints of neck pain, shoulder pain, hip pain, knee pain, and foot pain. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles with a mobile and tender mass measuring 2.5 cm in diameter. There was decreased range of motion of the hands, wrists, and shoulders as well as the knees. There was a normal neurological examination. Diagnostic imaging studies revealed a bilateral C6-C7 radiculopathy of the upper extremities and L5-S1 in the lower extremities. Previous treatment included the use of a TENS unit. A request had been made for Norco, Lunesta, Terocin patches and Pennsaid and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Eszopicolone (updated 6/12/14).

Decision rationale: According to the Official Disability Guidelines, Lunesta is only indicated for short-term usage. Lunesta can be habit-forming and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. A review of the attached medical record indicates that the injured employee is prescribed Lunesta for chronic use. For these reasons, this request for Lunesta is not medically necessary.

Terocin 4-4% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. There is no evidence that topical methyl salicylate or menthol provide any benefit. The California MTUS Guidelines note when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request for Terocin is not medically necessary.

Pennsaid 2% solution #112 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Pain (Chronic).

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

Decision rationale: Pennsaid is a topical diclofenac sodium solution. According to the California Chronic Pain Medical Treatment Guidelines, topical anti-inflammatory medications are only indicated for individuals who are unable to tolerate oral administration of NSAIDs or for whom oral administration is contraindicated. According to the attached medical record, the injured employee is currently taking diclofenac tablets. Considering this, the request for Pennsaid is not medically necessary.