

Case Number:	CM14-0103507		
Date Assigned:	07/30/2014	Date of Injury:	08/06/2012
Decision Date:	10/02/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 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:

Injured worker is a female with date of injury 8/6/2012. Per supplemental report on pain management progress dated 5/23/2014, the injured worker complains of neck, lower back pain and leg pain. She has been having increased leg pain due to a muscle spasm episode where she twisted in the wrong manner approximately four days ago. She has been having increased pain for the past 3-4 days. She recalls when she has had this pain aquatic therapy helped her significantly with 60% pain relief. The aquatic therapy helped her with moving from the toilet and up from a seated position. The combination of medication that she takes including Norco does help her function with 30-40% pain relief although short term. She would like to go back on Percocet since she has increased pain and has not been able to do some of her activities of daily living. On examination there are palpable twitch positive trigger points in the muscles of the head and neck. There is pain noted with cervical spine flexion, extension and left lateral rotation. There are palpable twitch positive trigger points in the throacic paraspinous muscles. Straight leg raise on the right is positive at 30 degrees and on the left is positive at 60 degrees. Palpation of the lumbar facets reveal bilateral pain at the L3-S1 region. There is pain noted over the lumbar intervertebral spaces on palpation. There are palpable twitch positive trigger points in the lumbar parasoinous muscles. Gait is antalgic. Lumbar spine flexion is 50 degrees with pain, extension is 15 degrees with pain, bilateral lateral flexion is 15 degrees with pain. Motor strength is grossly normal except pain inhibited weakness of the bilateral hip flexors, knee flexors, knee extensors and dorsi flexor. Lower extremity sensation is decreased except for L5-S1 dermatomes. Deep tendon reflexes are intact except diminished left S1. Diagnoses include 1) radiculopathy, lumbar sine 2) fibromyalgia/myositis 3) radiculopathy, cervical 4) spasm, muscle 5) pain, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesics Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesic Agents (BCAs), Page(s): 23.

Decision rationale: The MTUS Guidelines do not recommend the use of Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The request for Fioricet 50-325mg #60 is determined to not be medically necessary.

Promethazine 25mg #60: 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), Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Antiemetics (for opioid nausea)

Decision rationale: The MTUS Guidelines do not address the use of promethazine. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Promethazine is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use and anticholinergic effects can occur. The requesting physician does not provide a rationale for the use of this medication. The request for Promethazine 25mg #60 is determined to not be medically necessary.

Terocin 4% patch #30: Overturned

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

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

Decision rationale: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and Lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents.

It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The medical reports indicate that the injured worker is experiencing neuropathic pain that could benefit from the use of Terocin patch. The request for Terocin 4% patch #30 is determined to be medically necessary.