

Case Number:	CM14-0011314		
Date Assigned:	02/21/2014	Date of Injury:	07/24/2007
Decision Date:	07/17/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 patient is a 49-year-old male with 7/24/07 date of injury from lifting heavy equipment. The most recent note was dated 1/8/14 and described neck pain radiating down the right arm; pain in the left shoulder; as well as sleep difficulties. Current medications include Terocin, Nucynta, Trazodone, Lexapro, Nucynta, and Zolpidem. The patient was noted to have failed medications. Imaging from 2012 and 2010 were reviewed. Diagnosis is CRPS. Clinically, there was restricted and painful range of motion in the cervical spine, shoulders, and elbow on the right. Right wrist examination revealed asymmetry, atrophy, swelling, and large scar at the dorsal wrist. Range of motion was restricted with severe pain. Strength was full and reflexes intact. Medications recommended included a trial of Celebrex; Neurontin; and Terocin cream for pain. ER note from 12/15/13 documented that Norco was given due to exacerbation of pain. EMG/NCV and MRI of the shoulder were reviewed. The patient has failed medications Vicodin, Lyrica, Neurontin, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms, Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: The patient has had multiple medications, and was provided Norco in an ER visit. However, MTUS states that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. There should be failure of first line treatment options, which was not provided. While it is noted that the patient has a 2007 date of injury, it can be assumed that there has been trials of first-line agents, the documentation provided does not reflect this. It does however state that Nucynta and Vicodin have failed. There is no discussion regarding any predisposition for medication-induced gastritis. The review of systems documented on the 1/8/14 progress report describes negative heartburn and denies any history of ulcer. The request is not medically necessary at this time.

NEURONTIN 300 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: Medical necessity for the requested Neurontin is not established. It was noted that the patient has failed Neurontin during past trials, as it was not effective for addressing pain complaints. This issue was not addressed. Although guidelines state that Neurontin is a first line treatment option, there is no documentation of ongoing efficacy. The request is not medically necessary at this time.

TEROCIN (TERODOLORICIN) #1: Upheld

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

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

Decision rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. California MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including Lidocaine (in creams, lotion or gels), for topical applications. In addition, California MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. The patient has been prescribed Terocin since 2013, however it has not documented that Topical medication reduce necessity for PO medications or ongoing efficacy. The request is not medically necessary at this time.