

Case Number:	CM14-0014560		
Date Assigned:	02/28/2014	Date of Injury:	06/10/1997
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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 Family 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:

The patient is a 67 year old woman who was injured at work on 6/10/1997. The injury was primarily to her back. She is requesting review of a denial for the chronic use of Norco, Soma, and Terocin Lotion. A review of the available medical records corroborates her ongoing treatment for low back pain. Treatments have included surgery, physical therapy, acupuncture, and medications. The most recent Primary Treating Physician's Progress note is dated 1/30/2014. The note indicates that the patient presented for reevaluation of her chronic low back pain. The patient described worsening of her lower extremity radicular pain and states that the "burning radicular pain is the most debilitating" aspect of her condition. Her medications included: Amitriptyline, Omeprazole, Norco, and Soma. She had been prescribed Gabapentin; however, did not get her prescription for this medication refilled. Her ongoing diagnoses include the following: Chronic Pain Syndrome, Low Back Pain, Lumbar Discogenic Pain Syndrome, Degenerative Disc Disease (Lumbar Spine), Lumbar Facet Joint Pain, Lumbar Radiculopathy, Lumbar Post-Discectomy, Bilateral Lower Extremity Atrophy, Depression, and Numbness. She had a prior treatment plan noted on 1/15/2014 that included downward titration and complete discontinuation of Soma and further certification for evidence of efficacy of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL (SOMA) section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 29.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Soma. These guidelines state that Soma is "not recommended;" it is not indicated for long-term use. Soma is particularly problematic in combination with an opioid, including hydrocodone, which is also being prescribed to this patient. The combination of Soma and hydrocodone increases the risks of serious adverse side effects. Finally, there is documentation of recommendation for downward titration and complete discontinuation of Soma. However, there is no subsequent documentation on efforts towards downward titration and discontinuation. In summary, Soma is not recommended for long-term use and should be considered as not medically necessary for this patient's condition.

NORCO 10.325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 13-14, 18-19, 74-97.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of opioids for chronic pain. These guidelines note that failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. The records in this case indicate that the patient has failed to respond to the opioid regimen that has been prescribed. These guidelines also comment on the use of opioids for neuropathic pain. Opioids are not recommended as a first-line therapy. For the treatment of chronic lumbar root pain there are virtually no repeat dose analgesic trials for neuropathy secondary to lumbar radiculopathy. Two non-opioid medications are recommended as first-line options for neuropathic pain; antidepressants (Page 13-14) and specific anti-epileptic drugs such as gabapentin (Page 18-19). While these two drugs are currently being prescribed to this patient, there is insufficient documentation that either drug has had a sufficient duration of trial titrated to a maximum tolerated dose. In summary, the records indicate that Norco is not medically necessary.

TEROCIN LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 111-113.

Decision rationale: Terocin lotion is a topical analgesic that contains the following ingredients: methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics for neuropathic pain. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is insufficient documentation to determine if this patient has had a sufficient trial of antidepressants and anticonvulsants for her neuropathic pain including a sufficient trial of either medication titrated to a maximum tolerated dose. Based on these findings the use of Terocin lotion is not considered medically necessary.