

Case Number:	CM14-0014749		
Date Assigned:	02/28/2014	Date of Injury:	09/12/2010
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 47-year-old female who reported an injury on 09/12/2010 due to a fall. The clinical note dated 12/30/2013 noted the injured worker presented with back pain and radiating numbness down to the bilateral feet, persistent headaches, right shoulder and neck pain. The diagnoses were left-sided disc herniation at L5-S1 with stenosis, lumbar radiculopathy, right shoulder subacromial impingement, bilateral median neuropathy, and possible ulcer. Previous treatment included Norco 2 times a day and Medrox patches. Upon exam, the range of motion for the thoracic and lumbar spine was decreased in all planes. The provider recommended Terocin patches and hydrocodone 7.5/325 mg; however, the provider's rationale was not included. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCH (BOX OF 10) DENIED BY PHYSICIAN ADVISOR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Terocin patch with a box of 10 is non-certified. Terocin is comprised of lidocaine and menthol. The California Medical Treatment Utilization Schedule (MTUS) state that transdermal compounds are largely experimental in use and few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Terocin patches contain lidocaine, Lidoderm is the FDA approved topical form of lidocaine recommended. As the guidelines do not recommend lidocaine, the medication would not be indicated. The provided medical documentation lacked evidence of trials of antidepressants and anticonvulsants that have failed for the injured worker. The request does not specify the dose of the medication or the site that it was intended for. Therefore, the request is non-certified.

HYDROCODONE/APAP 7.5/325 MG #90/MODIFIED BY PHYSICIAN ADVISOR, #45 APPROVED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

Decision rationale: The request for hydrocodone/APAP 7.5/32.5 mg with a quantity of 90 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend online review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. As such, the request is non-certified.