

Case Number:	CM14-0122166		
Date Assigned:	08/06/2014	Date of Injury:	01/10/2002
Decision Date:	09/11/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/01/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 58 year-old male who was injured on January 10, 2002. The patient continued to experience low back pain. Physical examination was notable for lumbosacral spasm, positive straight leg raise, and pain with extreme range of motion. Diagnoses included status post lumbar fusion and increasing low back pain. Treatment included medications, surgery, home exercise program, and trigger pint injections. Request for authorization includes Norco 10/325mg quantity #60, Neurontin 600mg quantity # 60, Terocin lotion, and one trigger point injection of marcaine and celestone were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic pain medical treatment guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the

patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4g/day. In this case the patient had been taking Norco since at least July 2013. Analgesia had not been obtained. Criteria for long-term opioid use have not been met and therefore this request is not medically necessary.

Neurontin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs). Decision based on Non-MTUS Citation Neurontin package insert.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 18-19.

Decision rationale: Gabapentin is an anti-epileptic medication. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. In this case the patient had been taking gabapentin since at least July 2013. Adequate control of pain was not obtained and the patient should be switched to another first-line drug. Therefore, this request is considered not medically necessary.

Terocin lotion: 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), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 28, 105, 111-112.

Decision rationale: Terocin is a topical multidrug compound, which contains methylsalicylate, Lidocaine, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There are no guidelines present for menthol. In this case the patient received multidrug compound for medication. This medication contains drugs that are not recommended. Therefore this request is considered not medically necessary.

Trigger point injection of 1 cc of Celestone and 2 cc Marcaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 122.

Decision rationale: Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. Criteria for trigger point injections includes; documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case there is no documentation of defined trigger points or muscle twitch in response to stimulus. There is no diagnosis of myofascial syndrome. Documentation does not support an indication for trigger point injection. Medical necessity has not been established. Therefore, this request is not medically necessary.