MAXIMUS Federal Services

Case Number:	CM14-0124768		
Date Assigned:	08/08/2014	Date of Injury:	05/26/2009
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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 Emergency 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 has a date of injury of 5/26/2009. Mechanism of injury is described as a twisting or lifting injury at work. Patient has diagnoses of cervical, thoracic and lumbar sprain; cervical radiculopathy, lumbar radiculopathy, L rotator cuff tendonitis, R rotator cuff tendonitis, bilateral wrist carpal tunnel, diffuse lumbar spine degenerative arthritis and disc protrusion, diffuse cervical disc disease with protrusions and diffuse thoracic disc disease with protrusion. Patient is reportedly post anterior cervical fusion surgery 7/13/13, lumbar surgery at L5-S1 on 4/5/14 as well as reportedly having prior R shoulder surgery on 8/6/12. Medical records were reviewed. The most current report available is 7/20/14. Patient complains of neck pain and tightness. Tightness is due to a keloid. Patient also complains of mid and low back pains. Objective exam reveals neck spasms and tenderness over paraspinal area. There was limited range of motion. Not to mention a well healed scar, Negative Spurling, Adson and Wright test. Lumbar spine has clean incision with no sciatica. In addition to decreased range of motion.No imaging reports or electrodiagnostic reports are provided for review. Patient is reportedly undergoing water therapy. No medication list was provided for review. Patient may also be on Fexmid and Protonix in addition to the requested medications. Independent Medical Report is for Norflex 100mg #60, Terocin #120ml and Vicodin 5/500mg #60 all retrospective for 7/7/14.Prior utilization review (UR) on 7/23/14 recommended modification of Norflex and Vicodin to #30tabs each and recommended not medically necessary for Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60 for date of service 7/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Muscle Relaxants(for pain)>, page(s) <63-65> Page(s): 63-65.

Decision rationale: Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. Per guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. No prior medication list was provided. However, there is no documentation of improvement in muscle spasms or close monitoring for side effects by medical provider. Norflex is not medically necessary.

Terocin 120ml for date of service 7/7/14: Upheld

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

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

Decision rationale: The requested product is a topical medication composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol.Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended.Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at an attempt of trial with a 1st line agent and patient has no actual documentation of neuropathy. It is therefore not recommended.Shown to the superior to placebo, it should not be used long term. There may be some utility for patient's pain. For Menthol: There is no data on Menthol in the MTUS.Since multiple drugs are not recommended, the combination medication, Terocin is not recommended.

Vicodin 5/500mg for date of service 7/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids>, page(s) <76-78> Page(s): 76-78.

Decision rationale: Vicodin is an acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all necessary criteria required by MTUS guidelines. Vicodin is not medically necessary.