

Case Number:	CM14-0168706		
Date Assigned:	10/16/2014	Date of Injury:	11/30/2011
Decision Date:	12/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/13/2014

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 has a subspecialty in: Pain 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 injured worker is a 56-year-old male, with a reported date of injury of 11/30/2011. The result of injury include sharp pain in his right mid-back, after falling backwards down six (6) steps and hitting both elbows, the back of his head. After 20 minutes, the injured worker experienced increased pain in the back, elbows, and head. The current diagnoses include discogenic cervical condition with four-level disc disease, facet inflammation with headaches, discogenic lumbar condition with three-level disc disease, facet arthroplasty, bilateral lateral epicondylitis, right wrist joint inflammation, and right knee sprain. The past diagnoses include cervical sprain/strain, lumbar sprain/strain, and post-traumatic headaches. The treatment plan included an MRI of the low back, which showed three-level disc disease and arthropathy; and MRI of the neck, which showed four-level disc disease; three (3) trigger point injections along the shoulder blade on the left; one (1) injection to the right elbow; one (1) injection to the left shoulder; a right wrist brace; an MRI of the right wrist; MRI of the right and left elbows; electromyography (EMG) of the upper and lower extremities in 2012, with unremarkable results; and chiropractic treatments. The progress report dated 08/07/2014 indicated that the injured worker was deemed permanent and stationary. It was noted that the Terocin patches and Medrox patches that were used in the past were helpful to him. The treating physician noted that the injured worker could do work avoiding forceful pushing, pulling and lifting; prolonged sitting, standing and walking; and applying twisted force and torqueing, gripping and grasping with both upper extremities. The objective findings include tenderness along the lumbar and cervical area, along the lumbosacral area, along the wrist joint, along the shoulder girdle musculature, and along the lateral epicondyle bilaterally. There is weakness to grip. The treating physician cited the guidelines indicating that short-acting opioids are an effective method in controlling chronic pain. A progress note dated September 8, 2014 identifies subjective complaints of significant

pain, the patient reported that the pain was so bad that he almost went to the emergency room, and the patient states that he is frustrated. The patient is having increased pain and the medications he received were not effective. The patient states that his pain is primarily across his lower back, but is also in the neck and shoulder. The physical examination reveals lumbar paraspinal muscle tenderness and pain with the set loading at L3 through S1. The diagnoses are unchanged from the previous office visit. The treatment plan recommends a referral to pain management physician for a possible injection, tramadol ER 150 mg, Nalfon 400mg #60, Protonix 20mg #60, Topamax 50mg #60, and Norco 10/325 mg #90. The patient rates his pain between a 7-8/10 without medications and reports a 50% reduction of pain with the medication. He denies any side effects and he takes the medications as directed. On 09/11/2014, a Utilization Review (UR) denied the request for Topamax 50mg #60, Voltaren 100mg SR #60, Ultracet 37.5mg #120, Terocin patches #30, and Norco 10/325mg #60. The UR physician noted that weaning is recommended for the Norco and Ultracet; topical analgesics are largely experimental; the medical records did not include supporting documentation of a diagnosis of migraine headaches; and ongoing review and documentation of pain relief and function status is required with use of ongoing anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg SR #60: 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 Page(s): 67-72.

Decision rationale: Regarding the request for Voltaren 100mg SR #60, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren is providing any objective functional improvement. The progress note dated September 8, 2014 identified contradictory statements regarding pain relief provided by the medications, and no documentation of functional improvement. Furthermore, there is no indication that the Voltaren is intended for short term. As such, the currently requested Voltaren 100mg SR #60 is medically necessary.

Ultracet 37.5mg #120: 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 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultracet 37.5mg #120, California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function, and no discussion regarding aberrant use. The progress note dated September 8, 2014 identified contradictory statements regarding pain relief provided by the medications, making it unclear as to whether the patient obtained pain relief. Additionally, there is no documentation of functional improvement. In light of the above issues, the currently requested Ultracet 37.5mg #120 is not medically necessary.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: Regarding the request for Terocin Patches #30, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, the guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin Patches #30 is not medically necessary.

Norco 10/325mg #60: 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 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco 10/325mg #60, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function, and no discussion regarding aberrant use. The progress note dated September 8, 2014 identified contradictory statements regarding pain relief provided by the medications, making it unclear as to whether the patient obtained pain relief. Additionally, there is no documentation of functional improvement. In light of the above issues, the currently requested Norco 10/325mg #60 is not medically necessary.

Topamax 50mg #60: 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 Page(s): 16-21.

Decision rationale: Regarding request for Topamax 50mg #60, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of specific objective functional improvement. The progress note dated September 8, 2014 identified contradictory statements regarding pain relief provided by the medications, and no documentation of functional improvement. In the absence of clarity regarding those issues, the currently requested Topamax 50mg #60 is not medically necessary.