

Case Number:	CM14-0173973		
Date Assigned:	10/27/2014	Date of Injury:	10/12/2009
Decision Date:	12/04/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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 50-year-old male who was injured on October 12, 2009. The patient continued to experience pain in his left shoulder and cervical spine. Physical examination was notable for decreased range of motion of the left shoulder, left shoulder impingement, positive Hawkins sign in the left shoulder, patellar crepitus of the left knee, medial joint line tenderness of the left knee, and positive McMurray's test of the left knee. Diagnoses included thoracic /lumbosacral neuritis/radiculitis, Achilles tendinitis /buritis, and enthesopathy of the hip. Treatment included joint injections, medications, physical therapy, and surgery. Requests for authorization for Terocin patches #30, norflex 100 mg # 60, and Prilosec 20 mg # 60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patches Page(s): 28-29, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: Terocin is a topical multidrug compound, which contains methyl salicylate, 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. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended.

Norflex 100 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Norflex is orphenadrine, a muscle relaxant. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and dry mouth. Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case the request is for a month's supply of medication and is a refill. The duration of treatment surpasses the recommended short-term duration of two weeks. Therefore the request is not medically.

Prilosec 20 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI's) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Prilosec is Omeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.