

Case Number:	CM14-0175810		
Date Assigned:	10/28/2014	Date of Injury:	05/15/2013
Decision Date:	12/18/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 54 year female old who was injure on 5/15/2013. The diagnoses are left carpal tunnel syndrome, right ankle, left elbow and low back pain. There was a history of right fibular fracture and ankle sprain that was treated conservatively. The patient completed PT and steroid injections. The MRI of the lumbar spine showed multilevel disc bulges. On 7/26/2013, [REDACTED] noted that the patient requested a different pain medication because Norco was too strong. There are objective findings of lumbar paraspinal tenderness. There were limited findings in the upper and lower extremities. A Utilization Review determination was rendered on 10/15/2014 recommending non certification for Norco 10/325mg #60, Motrin 800mg #60 and Terocin #120 times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. It is recommended that documentation during opioid treatment include UDS, Pain Contract, absence of aberrant drug behavior and functional restoration. The records indicate that the patient had requested for a different pain medication because Norco was too strong. The records did not contain the required documentation. There is no objective findings indicative of exacerbation of severe musculoskeletal pain. The criterion for the use of Norco 10/325mg #60 is not medically necessary.

Motrin 800mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of severe musculoskeletal pain. The records indicates that the patient have episodic exacerbations of multiple joints pain related to the ankle, elbow and low back. The patient had reported improved function and pain relief with the use of NSAIDs. There are no reported adverse medication effects. The criterion for the use of Motrin 800mg #60 is medically necessary.

Terocin #120 times 2: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of musculoskeletal or neuropathic pain when first line NSAIDs, antidepressant, anticonvulsants cannot be tolerated or have failed. The records did not show that the patient have failed first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The use of topical lidocaine or capsaicin is recommended to be limited to individual formulations. The Terocin product contains menthol 10%, lidocaine 2.5%, capsaicin 0.025% and methyl salicylate 25%. There is lack of guideline support for the use of menthol and methyl salicylate in the treatment of chronic musculoskeletal pain. The criterion for the use of Terocin #120 x2 is not medically necessary.