

Case Number:	CM14-0180029		
Date Assigned:	11/04/2014	Date of Injury:	03/31/2008
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 Interventional Spine 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 is a 63-year-old male with a date of injury of 03/31/2008. The listed diagnoses per [REDACTED] are: 1. Traumatic fall. 2. Cervical degenerative disk disease. 3. Shoulder sprain/strain. 4. Lumbar degenerative disk disease. 5. Poor coping with chronic pain. 6. Cervicogenic HA. According to progress report 09/22/2014, the patient presents with chronic low back pain and right shoulder pain rated as 6/10. The patient states he has vertigo, which is well controlled with medications Frova 2.5 mg and meclizine 25 mg. Norco and topiramate help reduce pain by over "75% and improve ability to perform ADLs." Constipation is controlled with docusate 100 mg p.r.n. Examination finding revealed "decreased cervical, shoulder, and lumbar ROM." There was muscle spasms noted. The treating physician is requesting a refill of medications. Utilization review denied the request on 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promoiaxin 100 mg 1 po daily prn # 100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic Page(s): 76-78.

Decision rationale: This patient presents with chronic low back and right shoulder pain. The treating physician is requesting Promolaxin 100 mg 1 p.o. daily p.r.n. #100. The MTUS Guidelines page 76 through 78 discusses prophylactic medication for constipation when opiates are used. In this case, the medical records indicate the patient has been taking the opiate Norco on a long-term basis. The treating physician states in his reports that the patient's constipation is well controlled with docusate 100 mg. The requested Promolaxin is medically necessary, and recommendation is medically necessary.

Terocin 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

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

Decision rationale: The treating physician is requesting Terocin lotion. Terocin contains methyl salicylate, capsaicin, lidocaine and menthol. The MTUS guidelines p112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathicpain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with periheral joint problems to warrant a compound product with salicylate. Furthermore, the MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither lidocaine, nor salicylate are indicated for this patient. Therefore, recommendation is not medically necessary.

Topiramate 100 mg 1 po twice daily # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

Decision rationale: This patient presents with chronic low back and right shoulder pain. The treating physician is requesting topiramate 100 mg 1 p.o. twice daily #60. The MTUS

Guidelines page 21, topiramate, states that this medication "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." In this case, the treating physician notes that medications including Norco and topiramate helps reduce pain over 75%; however, the reports do not discuss radicular symptoms or neuropathic pain. Furthermore, there is no discussion regarding the failure of other anticonvulsants. This patient does not meet the indication for this medication, and recommendation is not medically necessary.

Norco 5/325 mg # 30 1-2 tabs po prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with chronic low back pain and right shoulder pain. The treating physician is requesting Norco 5/325 mg #30 1-2 tabs p.o. p.r.n. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 06/06/2014. Report 06/06/2014 stated that medications help with pain "over 50% and improve ADLs." Report 08/18/2014 and 9/22/14 states, "Norco and topiramate help reduce pain by over 75% and improve ability to perform ADLs." In this case, recommendation for further use of Norco cannot be supported as the treating physician does not provide specific functional improvement or changes in ADLs with taking long-term Norco. Furthermore, the treating physician does not provide any discussion regarding adverse side effects or aberrant behavior as required by MTUS. There is no CURES report provided, and urine drug screens are not administered for compliance check. Given the lack of sufficient documentation for opiate management, recommendation is not medically necessary.