

Case Number:	CM14-0181674		
Date Assigned:	11/06/2014	Date of Injury:	01/06/2000
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 & Rehabilitation 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:

This patient sustained an injury on 1/6/2000 while employed by [REDACTED]. Request(s) under consideration include Monarch pain cream # 2 tubes, Opana ER 40 mg # 120, and Norco 10/325 mg # 240. Diagnoses include lumbago with radiculopathy s/p L5-S1 fusion with hardware removal; facet and SI joint arthropathy; migraine headaches, and left knee injury from a fall. Recent peer review report of 9/30/14 noted patient with extremely high MED of 640, beyond the guidelines recommendation of 120 MED. Medications list Opana ER 40mg, Norco 10/325mg #240, and Methadone amongst others to include Gabapentin, Lyrica, Klonopin, Terocin patch, Etodolac, Lidocaine patch, Monarch topical cream, Cymbalta and Nortriptyline. Conservative care has included medications, therapy, LESI, SI joint injections, and modified activities/rest. Reports of 5/13/14, 9/2/14, and 9/30/14 from the provider noted the patient with chronic unchanged ongoing symptoms rated at 7-8/10; decreased functional and ADLs with doubt to continue employment. Exam showed bilateral sciatic tenderness; diffuse decreased sensation at L4, L5, and S1 dermatomes on right lower extremity with milder deficits on left; diffuse 4+/5 motor weakness throughout quads, hamstrings, dorsiflexion with diminished and absent reflex with positive SLR. The patient remained P&S. The request(s) for Monarch pain cream # 2 tubes, Opana ER 40 mg # 120, and Norco 10/325 mg # 240 were denied on 10/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monarch pain cream # 2 tubes: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2000 without documented functional improvement or pain relief from treatment already rendered. The Monarch pain cream # 2 tubes are not medically necessary and appropriate.

Opana ER 40 mg # 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 Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2000 injury without acute flare, new injury, or progressive deterioration. The Opana ER 40 mg # 120 is not medically necessary and appropriate.

Norco 10/325 mg # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic 2000 injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, or decreased in medical utilization. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of high dose of opioids with persistent severe pain for this chronic 2000 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines for MED of 120. The Norco 10/325 mg # 240 is not medically necessary and appropriate.

Terocin 4% Lidocaine Patches (#30): Upheld

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

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

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin 4% Lidocaine patches which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury of January 2000 nor is there documented intolerance to oral medication as the patient is currently taking several oral prescriptions. The Terocin 4% Lidocaine patches (#30) are not medically necessary and appropriate.