MAXIMUS Federal Services

Case Number:	CM14-0185041		
Date Assigned:	11/12/2014	Date of Injury:	12/03/2007
Decision Date:	12/23/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 73-year-old male, with a reported date of injury of 12/03/2007. He was hit by a motor vehicle and was thrown up against a wall. The injured worker obtained injuries to his lower back, neck, and right shoulder. The diagnoses include lumbar discopathy, left shoulder internal derangement, lumbar discogenic disease severe spondylosis; multilevel chronic low back pain; status post cervical fusion from previous work-related injury; cervical discogenic disease; probable cervical myelopathy; status post right shoulder surgery with residuals; and left shoulder rotator cuff tear. Treatment included chiropractic care for the cervical and lumbar spines, and left shoulder; TENS unit; therapy; subacromial injections; medications; x-rays; MRIs; right shoulder surgery in 2010; and radiofrequency to his low back. The medical records do not provide the full medical report dated 08/28/2014. The medical report dated 03/27/2014 indicated that the injured worker complained of low back pain, cervical neck pain, and bilateral shoulder pain. It was noted that the previous subacromial injection helped to relieve the left shoulder pain. The injured worker was unable to sleep on his left side at night due to the pain. The physical examination of the lumbar spine revealed spasms, mild pain, limited range of motion, positive straight left raise on the right to 65 degrees and on the left to 50 degrees; and pain in the right hip with internal and external rotation. Physical examination of the cervical spine revealed spasms, pain, decreased range of motion, normal motor strength, and intact sensations. Examination of the left shoulder showed a positive impingement sign, forward flexion to 170 degrees, abduction to 80 degrees, and tenderness to palpation over the acromioclavicular joint. The injured worker continued on temporary total disability. On 10/08/2014, Utilization Review (UR) modified the request for Norco 10/325mg #120, and denied the request for Lidoderm patches #30 and Terocin lotion. The UR physician noted that there was no clear documentation of recent urine drug test, risk assessment profile, attempt at weaning/tapering, an updated and

signed pain contract between the provider and injured worker, or ongoing effectiveness. The request for Norco 10/325mg #120 was modified to Norco 10/325 mg #120, with no refills. The UR physician also noted that the injured worker was being treated with Lidoderm patches for chronic neck, low back, and shoulder pain; however, there is no objective evidence to support the use of Lidoderm patches for the treatment of those listed pains. In addition, the UR physician noted that the guidelines do not consistently support compounded medications, and indicates that they are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation of failure of anticonvulsants of other first line agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: 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: Current review include request for Norco. 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, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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 injury without acute flare, new injury, or progressive deterioration. The request for Norco 10/325 mg # 120 is not medically necessary and appropriate.

Lidoderm Patches # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Therefore the request for Lidoderm Patches # 30 is not medically necessary and appropriate.

Terocin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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 which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia 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 2007 injury nor is there documented intolerance to oral medication as the patient is currently taking several oral prescriptions. The request for Terocin Lotion is not medically necessary and appropriate.