

Case Number:	CM14-0022678		
Date Assigned:	06/11/2014	Date of Injury:	06/09/2011
Decision Date:	10/01/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 61 year old female with a date of injury on 6/9/2011. The patient is status post anterior posterior fusion at L4-S1 in 2012. Subjective complaints are of continued pain in the low back radiating into the right leg. Pain is rated at 6/10. The patient was also reported to have continued depression that is not being helped by Lexapro. Physical exam shows antalgic gait, decreased range of motion and tenderness in the lumbar spine, and positive right straight leg raise test. Medications include hydrocodone, Lyrica, atenolol, Terocin, Lexapro, and Norco. Prior treatment has included psychotherapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEXAPRO 20MG #80 DOS: 02-04-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS, Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MENTAL HEALTH, ANTIDEPRESSANTS

Decision rationale: CA MTUS states that antidepressants are a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. CA MTUS also states that unlike SNRIs

(Serotonin-norepinephrine reuptake inhibitors), the SSRI class of medication does not appear to be beneficial for the treatment of low back pain. The ODG states that antidepressants have been found to be useful in treating depression, including depression in physically ill patients. For this patient, there is documentation of depressive symptoms, and ongoing psychological evaluation. Records indicate that the patient's anxiety and depression are worsening, and that the Lexapro has been ineffective. Therefore, the medical necessity of Lexapro is not established at this time.

TEROCIN 4% PATCH #2 DOS: 02-04-14: 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: Terocin is a compounded medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to Terocin not being in compliance to current use guidelines, the requested prescription is not medically necessary.