

Case Number:	CM14-0023212		
Date Assigned:	05/14/2014	Date of Injury:	09/18/1984
Decision Date:	07/11/2014	UR Denial Date:	02/05/2014
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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 60-year-old female who reported an injury on 09/18/1984. The mechanism of injury was reported to be a fall. Per the progress note dated 01/20/2014, the injured worker reported moderate frequent low back pain. The injured worker had been doing acupuncture, which was reported to give her a 50% reduction in radicular pain and allowed her to taper her fentanyl patches from 100 mcg to 50 mcg. The injured worker was postop removal of hardware at the L4-5 level on 03/28/2012. On physical examination, the lumbar range of motion was decreased flexion was 65 degrees, extension was 20 degrees lateral bending was 15 degrees bilaterally. The injured worker was reported to have a positive straight leg raise on the left, sensation was intact to light touch, and motor grade was 5/5. Per the operative report on 02/11/2014, the injured worker underwent transforaminal epidural steroid injections to the left L4-5 and S1. The diagnoses for the injured worker was reported to be lumbar disc disease, lumbar radiculitis, postlaminectomy syndrome, and lumbar pain. The Request for Authorization of medical treatment was dated 01/29/2014. The provider's rationale for the request for the fentanyl/Terocin lotion, Terocin patches, and Norco was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL 25 MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic(fentanyl transdermal system).

Decision rationale: According to CA MTUS, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Per Official Disability guidelines Duragesic is not recommended as a first-line therapy due to the significant side effects and is not for use in routine musculoskeletal pain. There was lack of documentation regarding other medications that have been utilized and the efficacy of those medications. There was a lack of documentation regarding the efficacy of the patch and any side effects experienced by the injured worker. The documentation reported the injured worker had been undergoing acupuncture treatments and had reported a 50% reduction in pain and a significant increase in functionality. In addition, there was a lack of documentation within the request regarding instruction for use and distribution of the medication. Therefore, the request for Fentanyl 25mcg is not medically necessary and appropriate.

TEROCIN LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (Duragesics and generics).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per California MTUS Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain, and has also been used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine are indicated for neuropathic pain. Topical salicylate (methyl salicylate) is recommended as significantly better than placebo in chronic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it

may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. Terocin lotion contains methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. There is a lack of documentation regarding the previous use of this medication and the efficacy. The guidelines recommend that any compound that contains 1 or more drug or drug class that is not recommended is not recommended. In addition, there was a lack of documentation within the request regarding instruction for use and distribution of the medication. Therefore, the request for Terocin lotion is not medically necessary and appropriate.

TEROCIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per California MTUS Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain, and has also been used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine are indicated for neuropathic pain. Topical salicylate (methyl salicylate) is recommended as significantly better than placebo in chronic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. The Terocin patch contains methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. There was a lack of documentation that Lidoderm patches had been tried prior to the request for the Terocin. There is a lack of documentation regarding the previous use of this medication and the efficacy. In addition, there was a lack of documentation within the request regarding instruction for use and distribution of the medication. Therefore, the request for Terocin patches is not medically necessary and appropriate.

NORCO 10/325 MG: 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): 74-75, 78.

Decision rationale: The California MTUS Guidelines state opiates are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain, however, for continuous pain, extended release opiates are recommended. The 4 domains for ongoing monitoring are pain relief, side effects, physical and psychosocial functioning and the occurrence of any aberrant behavior. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There was a lack of documentation regarding the injured worker's use of this medication and the efficacy of the medication. There is a lack of objective clinical documentation regarding any decrease in pain or increase in functionality while utilizing this medication. In addition, there is a lack of information within the request regarding frequency and quantity of the medication. Therefore, the request for Norco 10/325mg is not medically necessary and appropriate.