MAXIMUS Federal Services

Case Number:	CM14-0029971		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2007
Decision Date:	10/06/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pain Medicine 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 is a 54-year-old female patient diagnosed with low back sprain/strain following a work-related injury on 09/30/2007. The mechanism of injury occurred while working as a sales associate pushing/pulling and lifting boxes of freight out to the sales floor. Treatment to date has included physical therapy, oral medications, psychotherapy, TENS unit, back brace, hot/cold therapy, as well as diagnostic workup with EMG, cervical MRI, and lumbar MRI. These reports are not included for review. Utilization review dated 02/17/2014 indicates a request for Norco 5/325 mg #60 for pain to be taken every 12 hours as needed and Terocin patches #15 for topical use of pain were none certified. The reviewing physician noted it was not clear at this worker has been intolerant to other treatments; the doctor mentioned use of Naproxen. Therefore, Terocin is not appropriate. Opioids are not recommended for chronic back pain and there is little evidence of improved function with the use of this medication. The most recent progress note included for review is dated 03/04/14. The patient reported constant pain rated at 8/10. She reports Vicodin helps decrease her pain level and allows her to be functional. She experiences occasional spasm lately. Pain increases when sitting longer than 1 hour. She manages to do light cooking, light cleaning, and make her bed. She also admits to depression which is due to chronic pain. Objective findings revealed lumbar extension is to 15 and flexion to 35. The provider is appealing the denial of pain medications and requesting authorization for Norco 5/325 mg (#60) for pain to be taken every 12 hours as needed. He was noted she has been approved for 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg (#60) for pain, to be taken every twelve (12) hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of measurable pain relief provided, and no indication of significant functional benefit or return to work. She continues to report a pain level of 8/10. There is no documentation of urine drug screen having been performed to monitor medication compliance and screen for aberrant behavior. There is no documentation of attempts to wean the patient's dose. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Norco 5/325 mg #60 for pain to be taken every 12 hours as needed is not medically necessary.

Terocin patches #15 (Unspecified Dosage) for topical use for pain: Upheld

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

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

Decision rationale: Terocin patches contain Lidocaine and Menthol. Per CA MTUS guidelines, topical Lidocaine is "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)." The documentation does not describe well-demarcated neuropathic pain that has failed first line oral neuropathic agents in the antidepressant, antiepileptic, or no steroidal anti-inflammatory class to support the medical necessity of the Terocin patch. Therefore, the requested Terocin patches #15 (Unspecified Dosage) for topical use for pain are not medically necessary.