MAXIMUS Federal Services

Case Number:	CM14-0038671		
Date Assigned:	06/27/2014	Date of Injury:	07/12/1995
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 New York 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 55 year old female injured on 07/12/95 due to undisclosed mechanism of injury. The current diagnoses included status post cervical fusion, cervical strain, status post lumbar fusion, right trigger thumb, status post right carpal tunnel release, status post right trigger thumb release, and chronic pain syndrome. The clinical note dated 03/06/14 indicated the injured worker presented complaining of cervical spine and neck pain, chronic low back pain, and status post right trigger thumb release. The injured worker reported fluctuating pain due to change in weather and interscapular pain. The physical examination of the cervical spine revealed spasm, painful and decreased range of motion, and tenderness to palpation over the cervical trapezial ridge. The physical examination of the lumbar spine revealed spasm, painful and limited range of motion, negative straight leg raise bilaterally, and tenderness to palpation over the lumbar paraspinal musculature. The medications included Terocin patches, Norco 10-325 mg two tablets three times daily, Prilosec 20 mg twice daily, and Tizanidine 4 mg three times daily. The initial request for Norco 10-325 mg, Anaprox DS 550 mg, Zanaflex 4 mg, Terocin patches (lidocaine 4%/menthol 4%), and Genicin 500 mg was initially non-certified on 03/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this injured worker with or without medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 mg cannot be established at this time.

Anaprox DS 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Anaprox DS 550 mg cannot be established as medically necessary.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients

with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Zanaflex 4mg cannot be established at this time.

Terocin patches (Lidocaine 4%/Menthol 4%): Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Terocin patches are noted to contain lidocaine and menthol. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for Terocin patches (Lidocaine 4%/Menthol 4%) cannot be recommended as medically necessary.

Genocin 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine Chloroquine Prescription Drug.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Herbal medicines.

Decision rationale: As noted in the Pain chapter of the ODG, the use of herbal medicines or medical foods is not recommended. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Genocin 500 mg cannot be recommended as medically necessary.