

Case Number:	CM14-0049081		
Date Assigned:	06/25/2014	Date of Injury:	07/26/2008
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/26/2014

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 is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 07/26/2008, with the mechanism of injury not cited within this documentation. In the clinical note dated 01/17/2014, the injured worker complained of constant left-sided neck and midback and low back pain. It was noted that the injured worker rated her pain level at a 9/10 on the pain level scale. It was also noted that the injured worker had difficulty sleeping at night due to her pain complaints. Prior treatments included chiropractic therapy with no relief, acupuncture with no relief and pain medications. The injured worker's prescribed pain medication regimen included Norco 10/325 mg 3 per day, Prilosec 1 per day to prevent GI upset, Norflex to relax her muscles and Terocin patches, which helped to decrease her Norco intake and improve function and daily activities. The physical examination of the cervical spine revealed tenderness to palpation with guarding, including the left rhomboid. The range of motion of the cervical, thoracic and lumbar spines was noted to be decreased in all planes. It was also noted that the injured worker had decreased sensation to the right C6 and C7 dermatomes. The motor examination revealed 4/5 for the bilateral deltoids, biceps and internal and external rotators and 4/5 for the left wrist extensors, 4/5 for the right wrist extensors, 4-/5 for the left wrist flexors, 4/5 for the right wrist flexors and 4/5 for the bilateral triceps. The lower extremity motor function was noted to be limited by pain at a 4/5 for the bilateral psoas, quadriceps, hamstrings, tibialis anterior, EHL, inversion, plantarflexion and eversion. The diagnoses included cervical stenosis, lumbar stenosis, lumbar degenerative disc disease and facet arthropathy, status post left shoulder surgery, and depression. The treatment plan included the continuation of psychological treatment, continuation of home exercise program, a request for a soft collar to be used for symptomatic relief and a request for hydrocodone/APAP 10/325 mg #180, orphenadrine citrate 100 mg #120, omeprazole 20 mg

capsules #120 and Terocin pain patch box (10 patch) #1. The Request for Authorization was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patches. #10: 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): 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are 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 1 drug (or drug class) that is not recommended is not recommended. Terocin is comprised of capsaicin, lidocaine, menthol and methyl salicylate. Lidocaine in the formulation of a dermal patch has been designated for off-label use in diabetic neuropathy. No other commercially-approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Capsaicin is recommended only as an option in injured workers who have not responded to or who are intolerant of other treatments. Methyl salicylate is recommended and is significantly better than placebo in chronic pain. Menthol is not indicated within the guidelines. In the clinical notes provided for review, there is a lack of documentation of the frequency and area of application for which the Terocin pain patches are to be applied. There is also a lack of documentation of the efficacy of the Terocin pain patches. Additionally, there is a questionnaire that the injured worker had answered, to which the question of if the pain patches allowed her to take fewer oral medications, and the answer was circled as no. The request for the Terocin pain patches by the physician was indicated to help the injured worker take less oral medications. Therefore, the request for Terocin pain patches #10 is not medically necessary and appropriate.

Orphenadrine Citrate 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there was

no additional benefit shown in combination with NSAIDs. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. In the clinical notes provided for review, there is a lack of documentation of the injured worker exhibiting muscle spasms within the physical examination. There is also a lack of documentation of the prescribed medication of orphenadrine's efficacy or lack thereof. Furthermore, the guidelines state that the use of muscle relaxants should be for the short-term treatment of acute exacerbations of chronic low back pain. However, it was noted that this request was a refill of the prescribed medication. Therefore, the request for orphenadrine citrate 10 mg #120 is not medically necessary and appropriate.

hydrocodone/APAP 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Opioids, specific drug list Page(s): 80,91.

Decision rationale: The California MTUS Guidelines state that opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to response to a time-limited course of opioids has lead to a suggestion of reassessment and the consideration of alternative therapies. The guidelines also suggest ongoing monitoring, to include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Hydrocodone/APAP is indicated for moderate to moderately severe pain. The analgesic dose is 5/500 mg 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain (a max of 8 tablets per day). In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with the use of the prescribed pain medications. There is also a lack of documentation of the injured worker's functional status with the prescribed medication. It was noted that there was no change in her condition since the prior visit. It is indicated in the documentation that the prescription of Norco is a refill, of which the guidelines do not recommend the use of hydrocodone/APAP for long-term use. Therefore, the request for hydrocodone/APAP 10/325 mg #180 is not medically necessary and appropriate.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines state that to determine if the injured worker is at risk for gastrointestinal events, the following criteria should be evaluated: age greater than 65 years; a history of peptic ulcer, GI bleeding or perforation; concurrent use of an

ASA, corticosteroids and/or an anticoagulant; or high dose/multiple NSAIDs (e.g., NSAID and low dose ASA). In the clinical notes provided for review, there is a lack of documentation of the injured worker having a history of any gastrointestinal issues. It is also indicated that the injured worker had no complaints of side effects from the medication or any stomach pain. Furthermore, it is not documented that the injured worker is on an aspirin regimen or is using corticosteroids. Therefore, the request for omeprazole 20 mg #120 is not medically necessary and appropriate.