

Case Number:	CM14-0062929		
Date Assigned:	07/11/2014	Date of Injury:	08/22/2012
Decision Date:	09/12/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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 and is licensed to practice in Nevada. 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 records presented for review, indicate that this 30-year-old female was reportedly injured on August 22, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 11, 2014, indicated that there were ongoing complaints of neck pain and right shoulder pain. Current medications include Norco, Amitriptyline, Terocin, and Xanax. Pain was stated to be 9/10 without medication and 7/10 with medication. The physical examination demonstrated tenderness over the cervical paraspinal muscles and facet joints with decreased cervical spine range of motion. There was a positive Tinel's sign at the right cubital tunnel. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included cervical spine epidural steroid injections. A request was made for Norco, Xanax, and Terocin and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: According to the available medical record, Norco reduces the injured employee's pain from 9/10 to 7/10 and helps her be able to take care of her children and do more around the house. Considering this, the request for Norco is medically necessary.

Xanax 0.5 Mg # 15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. According to the progress note dated April 11, 2014, the injured employee has symptoms of anxiety. Therefore, this request for Xanax is medically necessary.

Terocin 4 OZ, 1 bottle: Upheld

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

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

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Terocin is not medically necessary.