

Case Number:	CM14-0076960		
Date Assigned:	09/08/2014	Date of Injury:	12/01/1989
Decision Date:	10/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 57-year-old male who reported an injury on 12/01/1989 due to an unknown mechanism. Diagnosis was lumbar disc protrusion with radiculopathy. Past treatments were not reported. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 03/11/2014 revealed reports of significant increase in low back pain despite current regimen of medication. It was reported that the low back pain increased with prolonged standing, walking, bending, twisting, and some of the daily routine at home were associated with the lower extremity numbness, tingling, and weakness. It was reported that the injured worker had improvement with the previous epidural steroid injection in 2012. Physical examination revealed spasm and tenderness over the lower lumbar spine and decreased range of motion. Straight leg raise caused back pain. Deep tendon reflexes and motor examination were within normal limits. There was decreased sensation noted over the L4-5. Medications were Norflex, Norco, Terocin patches, and Voltaren gel. Treatment plan was to request an epidural steroid injection and to take medications as directed. The rationale was submitted for review. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodonebit/APAP 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing ManagementHydrocodone/Acetaminophen Page(s): 78 91.

Decision rationale: The California Medical Treatment Utilization Schedule recommends that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. It further recommends that dosing of opioids not exceed 120 oral morphine equivalents per day. The 4 A's for ongoing monitoring were not reported. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Norflex 100mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. Therefore, this request is not medically necessary.

Terocin patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical AnalgesicTopical CapsaicinLidocaine Page(s): 105 111 28 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate 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. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or AEDs such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic

pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, Terocin is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The medical guidelines do not support the use of compounded topical analgesics. Also, the request does not indicate a frequency for the medication. The efficacy of this medication was not reported. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.