

Case Number:	CM14-0077315		
Date Assigned:	07/18/2014	Date of Injury:	08/06/2005
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
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 Occupational 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:

The patient is a 74 year-old female who was injured on 08/16/2005. The mechanism of injury is unknown. Prior treatment history has included home exercise program. Progress report dated 04/25/2014 states the patient presented with complaints of low back pain with spasm radiating to the upper buttock. The patient has difficulty sitting, standing and walking. Objective findings on exam revealed guarding of the lumbar spine. The lumbar spine range of motion revealed flexion to 50 degrees and extension to 10 degrees. There is positive tenderness to palpation of the lumbar spine paraspinals. Straight leg raise is positive at 90 degrees bilaterally. Diagnoses are lumbar spine myospasm, status post lumbar fusion, low back pain and bilateral lower extremities pain; and anxiety, insomnia, dyspepsia. The patient has been recommended for Norco 7.5/325 mg #60. Prior utilization review dated 05/21/2014 states the request for Norco 7.5/325 mg #60 is denied as opioid medication is not intended for long-term use. The request for Terocin lotion, apply twice a day, dispensed 2 bottles is denied as any component or product that contains at least one drug or drug class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic low back pain or neuropathic pain is not clearly established. This is a request for Norco for a 74-year-old female injured on 8/16/05 with chronic low back pain. However, provided history and examination findings do not demonstrate clinically significant functional improvement from use of Norco. Medical necessity is not established.

Terocin lotion, apply twice a day, dispensed 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals, Salicylate Topicals Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>.

Decision rationale: This is a request for Terocin lotion, which contains Menthol, Capsaicin, Methyl Salicylate, and Lidocaine. However, according to MTUS guidelines, the only approved topical Lidocaine formulation is the Lidoderm patch. Further, topical NSAIDs are not recommended for the spine. History and examination findings do not support an exception to this recommendation. Medical necessity is not established.