

Case Number:	CM14-0077663		
Date Assigned:	07/18/2014	Date of Injury:	07/13/2000
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/28/2014

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 Interventional Spine, 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 58-year-old male with a date of injury of 07/13/2000. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Lumbar radiculopathy. According to progress report 04/22/2014, the patient presents with chronic low back pain with radiculopathy. Review of the medical reports indicates the patient is status post CRFA left side of C3 to C5 on 08/27/2013 and status post L5-S1 fusion revision on 06/21/2013. The patient's current medication regimen includes Neurontin 600 mg, Prilosec 40 mg, Relafen 750 mg, Norco 10/325 mg, Lunesta 3 mg, Lidoderm 5% patch, Flexeril 10 mg, Terocin lotion, and Lexapro 20 mg. Report 03/12/2014 indicates the patient continues with neck, low back, and right wrist pain. The patient indicates back pain is 7/10 to 8/10. He denies side effects and states quality of sleep is fair and activity level has remained unchanged. The patient is taking his medication as prescribed and states "that medications are working well with no side effects." The patient has increased spasm and muscle tightness in his lower back since his slip and fall in the shower 2 weeks ago. The treater is requesting a refill of Terocin lotion 2.5, Norco 10/325 mg #180, and Lidoderm patches 5%. Utilization review denied the request on 04/28/2014. The medical file provided for review includes 2 UDS from 12/16/2013 and 11/12/2013 which were consistent with the medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 2.5: 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.

Decision rationale: This patient presents with chronic neck, low back, and right wrist pain. The treater is requesting a refill of Terocin lotion. Terocin patches contain Salicylate, Capsaicin, Menthol, and Lidocaine. The MTUS Guidelines page 112 states under Lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the lotion for the patient's low back pain, which is not supported by the guidelines. The requested Terocin lotion is not medically necessary, and recommendation is considered not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88-89.

Decision rationale: This patient presents with neck, low back, and right wrist pain. The treater is requesting a refill of Norco 10/325 mg #180 MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking Norco since at least 12/05/2013. Subsequent reports indicate the patient is continually taking Norco, but there are no discussions of the medications efficacy. Review of progress reports provides a pain scale to measure pain, but the treater does not discuss specific functional improvement from taking Norco. Furthermore, the treater does not take account of adverse effects, aberrant behaviors and does not provide a Urine drug screen for monitoring of medication. Given the lack of sufficient documentation as required by MTUS for long-term opiate use, recommendation is not medically necessary.

Lidoderm Patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57.

Decision rationale: This patient presents with chronic neck, low back, and right wrist pain. The treater is requesting refill of Lidoderm patches 5%. Utilization review denied the request stating there is no evidence of failed trials of antidepressant and anticonvulsants. The MTUS Guidelines page 112 states under Lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's low back strain, which is not supported by the guidelines. The requested Lidoderm patches are not medically necessary.