

Case Number:	CM14-0083295		
Date Assigned:	07/21/2014	Date of Injury:	10/25/2004
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 62-year-old male who reported injury on 10/25/2004. The specific mechanism of injury was not provided. The injured worker's prior treatments were noted to include surgical intervention of the lumbar spine, physical therapy, cognitive behavioral therapy and medications. The medications were noted to include NSAIDs, antidepressants and opiates as of 02/2013. The documentation indicated the injured worker had utilized Terocin cream as of 09/2013. The documentation indicated the injured worker was utilizing Colace as of 02/2014. The clinical documentation of 04/10/2014, revealed the injured worker's medications included Norco 5/325 #40, Cymbalta 30 mg #60, Terocin cream #1 and Colace 100 mg. The documentation indicated the injured worker had a complaint of low back pain and left knee pain. The injured worker indicated his back and knee pain were worsening. There was bilateral lower extremity radiation of the back pain. The injured worker's associated symptoms included numbness, achiness and it was worse with walking. The injured worker had joint pain, numbness, snoring and anxiety per the review of systems. The physical examination revealed the injured worker had decreased painful range of motion with flexion at 80%. The injured worker had hypertonicity bilaterally with tenderness to palpation of the paraspinal muscles of the lumbar spine. The diagnoses included lumbar sprain and strain worse, degenerative lumbar disc, chronic pain syndrome and thoracic or lumbosacral radiculitis that was worse. The treatment plan included a refill of medications and acupuncture for the lumbar spine 2 times a week times 3 weeks to reduce myospasm and restore function and a urine drug screen. There was no Request for Authorization submitted to support the request (s).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment guidelines; Norco ; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2013. There was a lack of documentation of objective functional benefit and an objective decrease in pain, as well as side effects. There was documentation the injured worker was being monitored through urine drug screens. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg #40 is not medically necessary.

Cymbalta 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first medication as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety and depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least late 2013. There was a lack of documentation of the above criteria. The request, as submitted, failed to indicate the frequency and for the requested medication. Given the above, the request for Cymbalta 30 mg #60 is not medically necessary.

Terocin Cream Qty 1: 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 Topicals, page 105, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 11, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Terocin>.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only 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 (tri-cyclic or SNRI anti-depressants or an AED 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 clinical documentation indicated the injured worker had utilized the medication since at least 09/2013. There was a lack of documented objective functional benefit and pain relief. There was a lack of documentation indicating the injured worker had a trial and failure of anticonvulsants and antidepressants. The injured worker was noted to be utilizing an antidepressant. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request, as submitted, failed to indicate the frequency and the strength for the requested cream. Given the above, the request for Terocin quantity 1 is not medically necessary.

Colace 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary ; Opioid - induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend that there be prophylactic treatment for constipation when starting opioid therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 02/2014. There was a lack of documentation of efficacy for the requested medication. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Colace 100 mg #30 is not medically necessary.

Acupuncture 2 x 3:

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical

rehabilitation to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review failed to provide if there were prior acupuncture treatments. The request, as submitted, failed to indicate the body part to be treated with the acupuncture. The request would be supported per the physical examination findings, if the injured worker did not have prior treatment. If he did, there would need to be documentation of objective functional benefit. Given the above, and without clarification, the request for acupuncture 2 times 3 is not medically necessary.