

Case Number:	CM14-0088622		
Date Assigned:	07/23/2014	Date of Injury:	10/15/2009
Decision Date:	09/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/12/2014

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:

Injured worker is a male with date of injury 10/15/2009. Per pain management progress note dated 5/8/2014, the injured worker presents for repeat Botox injection left trapezius and rhomboid muscles. This in conjunction with physical therapy timed to be given after the injection, has been effective for the muscle spasm and pain in the trapezius and rhomboid. On examination, there is severe tenderness to palpation on the left side of the back at T4-T5, T5-T6 facet joints. Myofascial tenderness and pain is noted in the left trapezius and rhomboids. There is tenderness at medial border of left scapula. Pain is noted on rotation and extension of thoracolumbar spine, mild tenderness to palpation over lumbar-sacral spine, pain with extension past neutral, straight leg raise negative bilaterally, no sacroiliac joint tenderness. Diagnoses include 1) myalgia and myositis 2) pain in thoracic spine 3) spasm of muscle 4) diabetes 5) hypertension 6) obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com-Flector Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

Decision rationale: The Flector Patch is a topical analgesic containing Diclofenac Epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is specifically supported for arthritic knee pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain. The clinical documentation does not establish medical necessity for Flector Patches within these guidelines. The request for Flector 1.3% Patch, #60 is determined to not be medically necessary.

Percocet 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. The clinical documentation does not show clearly describe benefits from the use of Percocet. Medical necessity for continued opioid treatment has not been established with the clinical documentation. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Percocet 7.5/325mg, #90 is determined to not be medically necessary.

Terocin lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section, Salicylate Topicals section, Topical Analgesics section Page(s): 28, 104, 111-113.

Decision rationale: Per the manufacturer's information, Terocin lotion is a combination topical analgesic with active ingredients that include Capsaicin 0.025%, Menthol 10%, Lidocaine 2.5% and Methyl salicylate 25%. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications

that this increase over a 0.025% formulation would provide any further efficacy. Per the MTUS Guidelines, topical Lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritic. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of Menthol such as 40% preparations. Therefore Terocin lotion is not medically necessary.