

Case Number:	CM14-0125502		
Date Assigned:	11/26/2014	Date of Injury:	08/16/2001
Decision Date:	01/14/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/07/2014

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 injured worker is a male with date of injury 8/16/2001. Per orthopedic consultation report dated 6/26/2014, the injured worker is still complaining of low back pain with radicular pain in the bilateral legs and right shoulder pain. On examination of the lumbar spine, there is restrictive mobility with positive straight leg raise. There is hypoesthesia at the anterolateral aspect of foot and ankle of an incomplete nature at L5-S1 dermatome distribution. There is a healed surgical incision at anterior abdominal and posterior midline for 360 degrees arthrodesis instrumentation. Diagnoses include 1) status post 360 degrees arthrodesis instrumentation, lumbar spine with status post hardware removal 2) cervical spine sprain/strain 3) right shoulder sprain/strain 4) right groin, sprain/strain 5) both knees sprain/strain, rule out internal derangement 6) failed low back syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine, topical; Capsaicin, topical; Salicy.

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

Decision rationale: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4% and lidocaine 4%. Menthol is not addressed by the MTUS 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. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. While the injured worker may be experiencing neuropathic pain, there is no evidence of failed trial with antidepressants and anticonvulsant medications in the medical reports reviewed. Medical necessity of topical lidocaine has not been established within the recommendations of the MTUS Guidelines. The request for Unknown prescription of Terocin patches is determined to not be medically necessary.

1 Prescription of Fioricet 50/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesic Agents (BCAs) Page(s): 23.

Decision rationale: The MTUS Guidelines do not recommend the use of Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The clinical notes do not indicate that indication for Fioricet, the efficacy of this medication or any side effects. Migraines or headaches are not reported by the injured worker, and are denied on review of systems. The request for 1 Prescription of Fioricet 50/325mg #90 is determined to not be medically necessary.