MAXIMUS Federal Services

Case Number:	CM14-0190527		
Date Assigned:	11/24/2014	Date of Injury:	04/23/2001
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency 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 60-year-old male who reported an injury on 04/23/2001. The mechanism of injury was a fall. His diagnoses include sacroiliac of right sacroiliac joint, lumbar musculoligamentous injury, lumbar paraspinal muscle spasms, lumbar disc herniation, and lumbar radiculitis/radiculopathy of lower extremities. The injured worker's past treatment was noted to include medications, cold unit, TENS unit, steroid injections, and aqua therapy. The injured worker noted to have pain over the left buttock radiating to his posterior and lateral aspect of his left thigh with numbness and tingling. Upon physical examination, it was noted that the injured worker had positive Gaenslen's and Patrick Fabre tests as well as a positive sacroiliac joint thrust. His relevant medications were not included in the report. The treatment plan was noted to include Terocin patches and Terocin lotion. A request was received for Norco 10/325mg #120 with 1 refill, Terocin patches #30, and Terocin lotion 240ml in order to decrease pain and discomfort and decrease the usage of narcotics. The Request for Authorization for Norco 10/325 mg was signed 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325mg #120 with 1 refill is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects (ADLs), and aberrant drug taking behaviors. The documentation submitted for review did not note the injured worker's pain or ADLs with and without the use of medications, any adverse side effects, or previous urine drug screens to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request did not specify frequency or duration of treatment. As such, the request for Norco 10/325mg #120 with 1 refill is not medically necessary.

Terocin patches #30: Upheld

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

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

Decision rationale: The request for Terocin patches #30 is not medically necessary. Terocin patches consist of lidocaine and menthol. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that when any 1 compounded product contains 1 medication that is not recommended, the entire compound is then not recommended. The only formulation for lidocaine is in the form of a patch. The sole indication this medication is FDA approved for is postherpetic neuralgia. As the guidelines do not recommend lidocaine in any other form but a Lidoderm patch, and as this injured worker does not have a diagnosis to include postherpetic neuralgia, the request is not supported by the evidence based guidelines. Additionally, the request does not specify body region, frequency, or duration for this medication. As such, the request for Terocin patches #30 is not medically necessary.

Terocin lotion 240ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111, 105.

Decision rationale: The request for Terocin lotion 240ml is not medically necessary. Terocin lotion is comprised of methyl salicylate, capsaicin, menthol, and lidocaine. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain after trial of anticonvulsants and antidepressants has failed. The guidelines also state that when any 1 medication in a compounded product is not recommended, the entire compounded product is

then not recommended. The only recommended formulation of lidocaine is in a patch called Lidoderm patch and not in the form of lotions, gels, or creams. Capsaicin is recommended in those who have not responded, or are intolerant, to other treatments. Methyl salicylate is recommended as it is significantly better than placebos. As the guidelines do not recommend lidocaine in the formulation of a lotion, the request is not supported by the evidence based guidelines. Additionally, the request does not specify body region, duration, or frequency of treatment. As such, the request for Terocin lotion 240ml is not medically necessary.