MAXIMUS Federal Services

Case Number:	CM14-0202151		
Date Assigned:	12/12/2014	Date of Injury:	07/30/2001
Decision Date:	01/30/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Montana. 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 construction worker with a date of injury of 7/30/01. The injury was a crush injury to the right ankle and foot when sheets of drywall fell onto the foot. Treatment has included injections and sinus tarsi release. Medications have included Lyrica and gabapentin which were not tolerated. She is currently on Norco and Terocin patches. Ongoing complaints include chronic right foot and ankle pain as well as left lower extremity and right knee pain secondary to altered gait. Her diagnoses are chronic right foot and ankle pain, status post right sinus tarsectomy, traumatic arthritis of the right ankle and foot, right knee pain secondary to gait derangement and left lower extremity pain secondary to gait derangement. The primary treating physician has requested additional Norco 10/325 mg #60 and Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/ acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records indicate that Norco is used on an intermittent basis however the amount used on average is not indicated. The records do not indicate how long she has been on Norco. Although the records do indicate that the use of Norco does help her to function, specific functional improvement is not documented. Ongoing use of Norco will require documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Without appropriate documentation for on-going Opioids use the request for Norco 10/325 mg #60 is not medically necessary.

Terocin/Lidocaine patches, thirty count: 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): 111-112.

Decision rationale: Terocin patches contain lidocaine 4% and menthol 4%. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Specifically, topical lidocaine is recommended only for neuropathic pain after a trial of first-line therapy. In this case it does appear that she has failed first line therapy however, the only recommended formulation for topical lidocaine is a Lidoderm patch. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Terocin/Lidocaine patch, #30, is not medically necessary.