

Case Number:	CM14-0202423		
Date Assigned:	12/15/2014	Date of Injury:	04/29/2014
Decision Date:	02/28/2015	UR Denial Date:	11/17/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of April 29, 2014. A utilization review determination dated November 17, 2014 recommends non-certification of Fenoprofen 600mg #60 and Terocin Patch 4-4% #30. A progress note dated November 7, 2014 identifies subjective complaints of neck pain rated at a 5 on a scale of 0 to 10. The patient characterizes pain as aching and throbbing, with radiation to the left shoulder. The condition is associated with numbness and tingling. The patient states that medications are helping, the side effects to the medications include drowsiness, the patient is able to tolerate the medications well, and the patient does not show any evidence of developing medication dependency. The physical examination of the cervical spine reveals range of motion restricted with lateral rotation to the right, paravertebral muscle spasm and tenderness on the left, spinous process tenderness is noted on C6 and C7, and there is tenderness noted at the sternoclavicular joint and trapezius. The diagnoses include cervicalgia, pain in joints of unspecified site, chronic pain syndrome, and pain and joint of shoulder. The treatment plan recommends Fenoprofen 600mg #60, Terocin Patch 4-4% #30; discontinue naproxen, awaiting appeal authorization for psychological consult denial, and a request for an additional 8 physical therapy sessions for the cervical and bilateral shoulders. A letter of appeal for the denial of Fenoprofen dated November 21, 2014 identifies that the patient reports good benefit from NSAIDs, the patient reports that NSAID medication helps him decrease pain and inflammation of his neck, his pain level decreases from 8/10 to 4/10, and to the patient is able to perform activities of daily living with less discomfort as a result of his medication. There is no risk factors for gastrointestinal, cardiovascular, or renovascular disease

for this patient at this time. The recommendation is for reconsideration of the request for Fenoprofen 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 600 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Fenoprofen 600mg #60, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is documentation indicating that Naproxen provided analgesic benefits and objective functional improvement, and it appears that the patient is being transitioned to Fenoprofen. Of course, ongoing treatment would require documentation of analgesic efficacy and objective improvement as a result of the Fenoprofen. Therefore, the currently requested Fenoprofen 600mg #60 is medically necessary.

Terocin Patch 4-4 Percent #30: Upheld

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

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

Decision rationale: Regarding the request for Terocin Patch 4-4% #30, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation

of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin Patch 4-4% #30 is not medically necessary.