

Case Number:	CM14-0203321		
Date Assigned:	12/17/2014	Date of Injury:	12/03/2007
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

According to the records made available for review, the injured worker is a 55 year-old female with a date of injury of 12/03/2007. The result of the injury included right knee pain. Diagnoses included right knee injury status post right knee arthroscopic surgery with postsurgical chronic pain; left knee sprain/strain; lumbar sprain/strain; and right shoulder sprain/strain. Diagnostic studies were not made available for review. Treatments have included medications, physical therapy, chiropractic therapy, surgical intervention, TENS, and home exercise program. Medications have included Ibuprofen, Vicodin, Omeprazole, Cyclobenzaprine, Diclofenac, and Terocin. A progress note from the treating physician, dated 10/09/2014, documented a follow-up evaluation. The injured worker reported pain level as 6/10 on the visual analog scale, which has increased with change in the weather; medications help with the pain; and insomnia. Objective findings included tenderness to palpation in the lumbar paraspinal musculature; diffuse tenderness to palpation of both knees, left greater than right; and decreased lumbar range of motion. Permanent and stationary status is documented. Plan of treatment included continuation of TENS unit, and continuation of medications: Omeprazole, Diclofenac, and Terocin. Request is being made for Diclofenac 100 mg #60 with 2 refills, and for Terocin 120 mg #60 with 2 refills. On 11/05/2014, Utilization Review non-certified a prescription for Diclofenac 100 mg #60 with 2 refills, and for Terocin 120 mg #60 with 2 refills. Utilization Review non-certified a prescription for Diclofenac 100 mg #60 with 2 refills based on the lack of evidence of objective functional benefit as a result of the medication and the documentation of medical necessity. The Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines: Specific Recommendations for NSAIDs. Utilization Review non-certified a prescription for Terocin 120 mg #60 with 2 refills based on the use of topical analgesics being largely experimental. As well, there is no documentation of objective functional benefit with prior use of topical analgesics. The

Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines: Topical Analgesics. Application for independent medical review was made on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-71.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as diclofenac may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates several months of NSAID use, specifically Ibuprofen, but no benefit documented. There was mention that diclofenac helped her in the past but no further details were provided. Adverse GI effects from NSAID use were documented. There was no indication of a trial of acetaminophen. Although the short-term use of an NSAID for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use of an NSAID would not be appropriate, particularly with inadequate documentation of benefit after having already been on an NSAID for an extended period of time.

Terocin 120mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: Terocin is a topical analgesic combined with Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Methyl salicylate is discussed under topical salicylates in the MTUS and is recommended. Bengay is specifically referred to and recommended under topical salicylates and contains menthol as well. Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the topical lidocaine specifically, is not recommended since this worker's pain is non-neuropathic.

