

Case Number:	CM14-0209382		
Date Assigned:	12/22/2014	Date of Injury:	11/22/2006
Decision Date:	02/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 11/22/06 when, while working as a Crew Shift/Leader he was assaulted with loss of consciousness. He subsequently had neck, throat, right upper extremity, and back pain. Treatments included medications and a prolonged course of physical therapy. He received psychological treatments due to difficulty sleeping and anxiety. Subsequent treatments included epidural injections and additional physical therapy. He was seen on 05/05/14. He was having radiating neck pain rated at 8/10. There was decreased cervical spine range of motion. Authorization for acupuncture was requested. He was seen on 06/09/14. He had ongoing PTSD and depression. On 09/08/14 pain was rated at 8/10. Physical examination findings included decreased cervical spine range of motion with positive Spurling's and shoulder depression testing. There was cervical spine and trapezius muscle tenderness with trapezius muscle spasms. Norco 10/325 mg #180, Xanax 1 mg #60, Terocin, Methoderm, and topical creams were prescribed. Urine drug screening was performed and was consistent with the prescribed medications. On 11/03/14 his condition appears unchanged. He was not having any adverse medication side effects. The treatment plan references medication management every two months for one year. On 12/03/14 Haldol, Ambien, Celexa, Cogentin, and Xanax were prescribed. Seroquel was prescribed on 12/12/14. On 10/03/14 pain was rated at 9-10/10 without medications and 6-8/10 with medications. Physical examination findings appear unchanged. Medications were refilled. Authorization for a TENS unit was requested. Urine drug screening was repeated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for radiating neck pain and ongoing PTSD and depression. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Xanax 1.0mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for radiating neck pain and ongoing PTSD and depression. Xanax (Alprazolam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Xanax is not medically necessary.

Terocin 120ml: Overturned

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): 111-113.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for radiating neck pain and ongoing PTSD and depression. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol which is used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. In this case, the claimant has localized pain affecting the cervical spine amenable to topical treatment. Therefore, Terocin 120ml was medically necessary.

Genicin #90 Capsules: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Glucosamine (and Chondroitin sulfate)

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for radiating neck pain and ongoing PTSD and depression. Glucosamine sulfate alone (without chondroitin sulfate) is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Genicin is a formulation of glucosamine sulfate 500 mg. In this case, the claimant does not have a diagnosis of osteoarthritis. Therefore, the requested Genicin was not medically necessary.

Somnicin Qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for radiating neck pain and ongoing PTSD and depression. Somnicin is a combination of melatonin, 5-hydroxytryptophan, L-tryptophan, vitamin B6 and magnesium. It is considered a medical food and is used in the treatment of insomnia. Guidelines recommend use of a medical food for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In this case, there is no identified disease or condition that would indicate the need for a nutritional supplement and therefore, Somnicin was not medically necessary.

Terocin Pain Patch Qty 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Lidoderm (lidocaine patch); Topical Analgesics Page(s): 60; 56-5.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for radiating neck pain and ongoing PTSD and depression. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Therefore the prescribing of Terocin in a patch form was not medically necessary.

Flurbi (NAP) Cream-LA 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for radiating neck pain and ongoing PTSD and depression. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence of a trial of topical diclofenac and therefore the requested topical medication is not medically necessary.

Gabecyclotram 180mgs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for radiating neck pain and ongoing PTSD and depression. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a

particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.