

Case Number:	CM14-0209855		
Date Assigned:	12/22/2014	Date of Injury:	08/31/2002
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
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 Internal 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 (IW) is a 68-year-old man with a date of injury of August 31, 2002. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic pain syndrome; lumbar radiculopathy; myofascial syndrome; chronic pain related insomnia; chronic pain related anxiety; chronic pain related depression; status post CVA (non-industrial); and status post right open reduction internal fixation of tibial fracture with hardware placement. Pursuant to a progress note dated October 27, 2014, the IW present for follow-up stating, "I think my back is getting worse." The IW complains of low back pain radiating to the left leg, which was described as constant, aching, throbbing and sharp. Current pain was 5/10. Pain without medications is rated 7/10. Other than vital signs, there was no physical examination within the body of the progress note. Documentation indicated the IW was taking Gabadone, which was helping him sleep. The IW reports the Fluoroflex ointment did not help at all. The IW was taking Norco as far back as April 14, 2014, according to a progress note with the same date. This was documented as a refill. It is unclear as to how long the IW had been taking Norco prior to the 4/14/14 note. In a subsequent note from August of 2014, the IW indicates he was taking Norco up to 3 to 4 a day, which did not help at all. Urine drug screen results as of June 4, 2014 were positive for Hydrocodone, Hydromorphone, Morphine, and Nicotine, which are inconsistent with the prescribed medications. There was no discussion by the treating physician interpreting the results. There was no documentation containing objective functional improvement with continued Norco use. Additionally, there were no detailed pain assessments during re-evaluations. Treatment plan recommendations include starting Terocin patch, refill Norco, and re-request authorization for lumbar epidural steroid injection. The current request is for lumbar epidural steroid injection (caudal approach), Terocin patches #30, and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Per guidelines, ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic pain syndrome, lumbar radiculopathy, myofascial pain syndrome, chronic pain related insomnia, and chronic pain related anxiety. The documentation for record indicates Norco was first prescribed or refilled in April 2014. A subsequent progress note in August 2014 when the injured worker was taking 3 to 4 Norco is per day and states they weren't working. A urine drug screen was performed according to an October 27, 2014 progress note that was inconsistent with medicines being taken. The urine drug toxicology showed hydrocodone, hydromorphone and morphine. There was no discussion by the treating physician interpreting the results. There was no documentation containing objective functional improvement with continued Norco use. Additionally, there were no detailed pain assessments during re-evaluations. Consequently, absent an appropriate therapeutic response with Norco according to the August 2014 along with the inconsistent urine drug screen, Norco 10/325 mg #120 is not medically necessary.

Lumbar epidural steroid injection (LESI) - caudal approach L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opiates, Epidural Steroid Injections

Decision rationale: Per guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for epidural steroid injections are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; etc. See the official disability guidelines for details. In this case, the injured worker's working diagnoses are chronic pain syndrome, lumbar radiculopathy,

myofascial pain syndrome, chronic pain related insomnia, and chronic pain related anxiety. A progress note dated October 27, 2014 references requesting authorization for lumbar epidural steroid injection. The criteria include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Other than vital signs, there was no physical examination contained within the body of the progress report. Consequently, absent clinical documentation required to meet the criteria for epidural steroid injections, lumbar epidural steroid injections caudal approach L4 - L5 is not medically necessary.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical analgesics Page(s): 105 and 111-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Per guidelines, Terocin contains methyl salicylate, capsaicin, and menthol lotion. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain trials of antidepressants and anticonvulsants failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is not FDA approved. Menthol is not recommended. In this case, the injured worker's working diagnoses are chronic pain syndrome, lumbar radiculopathy, myofascial pain syndrome, chronic pain related insomnia, and chronic pain related anxiety. Methyl salicylate is not FDA approved. Menthol is not recommended. Any compounded product that contains at least one drug (methyl salicylate, menthol) that is not recommended is not recommended. Topical nonsteroidal anti-inflammatory compounds are not recommended for widespread musculoskeletal pain. Consequently, Terocin patches #30 are not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin patches #30 are not medically necessary.