

Case Number:	CM15-0000458		
Date Assigned:	01/12/2015	Date of Injury:	06/19/2008
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/02/2015

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

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 60 year old male who sustained an industrial injury on June 19, 2008. He has reported thoracic and lower back pain and has been diagnosed with chronic pain syndrome, non displaced fracture of the C1 ring, T3 through T5 non displaced anterior superior corner fractures and T 10 and T 12 and L1 right lateral corner fractures and L3 and L4 left transverse process fractures and L4 clavicle fracture status post ORIF, and left posterior medial first through third rib fractures. Treatment to date has included oral medications, injections, terocin, and physical therapy. Currently the injured worker complains of continuing thoracic and low back pain. He rates his pain 6-9/10 depending on activity. The treating physicians treatment plan included current medications, norco, home exercise program, terocin lotion, and follow up. On December 19, 2014 Utilization Review modified Norco 10/325 # 180 noting the MTUS guidelines. Terocin lotion # 2 bottles were non certified noting MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with cervical spine, thoracic spine, and low back pain. The request is for NORCO 10/325 mg #180. The patient has been taking this medication as early as 06/11/2014. Regarding chronic opiate use, MTUS Guidelines pages 88 and 89 state, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 06/11/2014 report states that the patient is able to perform his ADLs with the use of medications with the reduction in pain by more than 50%. His pain is rated as a 9/10 without medications. The 09/12/2014 report states, he continues to note that his medications have been beneficial in reducing his symptoms. His pain goes down to 2/10 with medication use. It allows him to continue participating in ADLs. The 11/17/2014 report states that the treater has reviewed a urine drug screen from 10/20/2014 which was positive for hydrocodone as metabolized, positive for nortriptyline, negative for benzodiazepines, negative for illicit drug use. The patient is currently working a modified work duty. The patient clearly benefits from the use of Norco. His pain scale improved, he is currently working, and has a consistent urine drug screen. Therefore, the requested Norco IS medically necessary.

Terocin lotion #2 bottles: Upheld

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

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

Decision rationale: The patient presents with cervical spine, thoracic spine, and low back pain. The request is for TEROGIN LOTION #2 bottles. The patient has been using this topical cream as early as 06/11/2014. Terocin cream is considered a topical analgesic and contains methyl salicylate, capsaicin, lidocaine, menthol. MTUS Guidelines page 112 on topical lidocaine states, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The patient has moderate depression and disarticulation of the right clavicle joint. MTUS Guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. Terocin cream consists of lidocaine which is not indicated as a topical formulation by MTUS Guidelines. Therefore, the requested Terocin lotion IS NOT medically necessary.

