

Case Number:	CM15-0004751		
Date Assigned:	01/26/2015	Date of Injury:	05/30/2004
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 37-year-old female, who sustained an industrial injury on May 30, 2004. She has reported right shoulder and low back pain due to a slip and fall. The diagnoses have included lumbar sprain/strain, paraspinal muscle spasm, disc herniation, and sacroiliitis. Treatment to date has included medications, back surgery, and right shoulder surgery. Currently, the IW complains of low back pain with radiation to the right leg, along with numbness and tingling. She is noted to have positive Gaenslen's, and Patrick Pabre testing. Current medications are listed as: Ambien 10 mg, Compazine or tab 5mg, Flurbiprofen 25% capsaicin 0.025% in lipoderm base 180 grams, and Gabapentin 10% Ketoprofen 10% Tramadol 5% Cyclobenzaprine 2% in Activemax base 180 mg, and Terocin patches. On December 8, 2014, Utilization Review non-certified Duragesic patch 50 mcg, quantity #10, and Norflex 100 mg, quantity #60, and Terocin patch, quantity #30, and Terocin lotion, based on MTUS, Chronic Pain Medical Treatment guidelines; and certified the request for Neurontin 100 mg, quantity #60. On January 8, 2015, the injured worker submitted an application for IMR for review of Duragesic Patch 50 mcg, quantity #10, and Norflex 100 mg, quantity #60, and Neurontin 100 mg, quantity #60, and Terocin patch, quantity #30, and Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 50 mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 37 year old female has complained of right shoulder and low back pain since the date of injury 5/30/04. She has been treated with shoulder surgery, low back surgery, physical therapy, and medications to include opioids since at least 11/2014. The current request is for Duragesic patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Duragesic patch is not indicated as medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: This 37 year old female has complained of right shoulder and low back pain since the date of injury 5/30/04. She has been treated with shoulder surgery, low back surgery, physical therapy, and medications to include muscle relaxants since at least 11/2014. The current request is for Norflex. Per the MTUS guidelines cited above, muscle relaxant agents (Orphenadrine) are not recommended for chronic use and should not be used for a greater than 2-3-week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Orphenadrine is not indicated as medically necessary.

Terocln Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: This 37 year old female has complained of right shoulder and low back pain since the date of injury 5/30/04. She has been treated with shoulder surgery, low back surgery, physical therapy, and medications. The current request is for Terocin patch. Per the MTUS

guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Terocin patch is not indicated as medically necessary.

Terocin Lotion: Upheld

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

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

Decision rationale: This 37 year old female has complained of right shoulder and low back pain since the date of injury 5/30/04. She has been treated with shoulder surgery, low back surgery, physical therapy, and medications. The current request is for Terocin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin lotion is not indicated as medically necessary.