

Case Number:	CM15-0006365		
Date Assigned:	01/26/2015	Date of Injury:	01/28/2014
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old woman sustained an industrial injury on 1/28/2014 resulting in injuries to the neck, low back, right shoulder, right wrist, right hand, and right finger. Current diagnoses include cervical sprain with radicular pain and disc desiccation, lumbar spine sprain with right radicular pain, multilevel disc bulges and neuroforaminal stenosis, right shoulder sprain/strain with impingement syndrome, rotator cuff tendonitis vs. tear, lateral epicondylitis of the right elbow, and right wrist sprain/strain. The mechanism of injury is not detailed. Treatment has included oral medications, interferential unit therapy, physiotherapy, acupuncture, home exercise program, and chiropractic care. Physician notes dated 11/21/2014 state the worker is taking her medications as prescribed, and using the interferential unit regularly and is experiencing some relief of symptoms. However, no pain rating is noted on the assessment. Recommendation include extracorporeal shockwave treatment to the right elbow. On 12/15/2014, Utilization Review evaluated prescriptions for Terocin patches and Tylenol #3, that was submitted on 1/6/2015. The UR physician noted that Terocin is a compound topical analgesic. There is no documentation of failed trials of first line antidepressants or anticonvulsants that would support the need for topical applications. Further, there is no documentation that oral pain medications are insufficient to manage symptoms. Regarding the Tylenol #3, the worker received a partial certification on 10/14/2014 to allow submission of medication compliance guidelines, however, no documentation is noted including a urine drug test, risk assessment profile, attempt at tapering, and an updated signed pain contract. Also, there is no current pain level noted. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.

Tylenol #3 every 6 hours for pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Tylenol # 3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Tylenol #3 without indication of Tylenol failure alone. IN addition, pain scale/score are not known to determine response and need of medication.The continued use of Tylenol #3 is not medically necessary.