

Case Number:	CM15-0221477		
Date Assigned:	11/17/2015	Date of Injury:	01/14/2014
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 1-14-14. The injured worker was being treated for cervical spondylosis with radiculopathy C5-6 and C6-7, cervical spinal stenosis, right sided C6-7 HNP and impingement syndrome of right shoulder with possible rotator cuff disease of right shoulder. On 10-5-15, the injured worker complains of constant neck pain and right upper extremity pain rated 8-10 out of 10; he notes the pain is improved with medications and Terocin lotion. He also complains of numbness and tingling intermittently in right upper extremity. He is currently not working. Physical exam performed on 9-9-15, on 10-5-15 revealed moderate guarding during cervical spine exam, positive Spurling test, and decreased range of motion of cervical spine and painful, decreased range of motion of right upper shoulder with anterior subacromial tenderness and positive impingement sign. Treatment to date has included oral medications including Gabapentin 300mg, cyclobenzaprine 10mg, Norco (since at least 6-15-15), and topical Terocin 2.5-.025-10-25% lotion (since at least 2-2015); home exercise program, cervical epidural injection and activity modifications. Documentation does not include level of pain prior to or following administration of medications or duration of pain relief. Urine toxicology screen was not submitted for review. On 8-20-15 request for authorization was submitted for Tylenol #3 #25 tablets, Norco (since at least 6-15-15) and Terocin. On 10-13-15 request for Tylenol #3 #25 tablets, Norco and Terocin was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Unspecified Qty and Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in January 2014 when he had the delayed onset of neck and upper extremity pain after lifting while working as an Assistant Buyer / Warehouse Worker. He continues to be treated for cervical radiculopathy and right shoulder impingement syndrome. In August 2015 medications were Norco, Tylenol with codeine, and Terocin lotion. Norco was being taken at night and helping with pain and sleep. When seen in October 2015 medications were decreasing pain by 40% to 50% and keeping him functional and he was able to better tolerate activities of daily living. A normal physical examination was documented. Medications were dispensed. Cervical spine surgery was being considered. He does not take oral non-steroidal anti-inflammatory medication due to hypertension and diabetes. 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 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 or addiction and medications are reported as providing decreased pain and improved activities of daily living and activity tolerance. However, the dose and quantity were not specified. There is no rationale as to why two short acting combination opioid medications are being prescribed. For these reasons, the request is not medically necessary.

Terocin (Unspecified Qty and Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2014 when he had the delayed onset of neck and upper extremity pain after lifting while working as an Assistant Buyer / Warehouse Worker. He continues to be treated for cervical radiculopathy and right shoulder impingement syndrome. In August 2015 medications were Norco, Tylenol with codeine, and Terocin lotion. Norco was being taken at night and helping with pain and sleep. When seen in October 2015 medications were decreasing pain by 40% to 50% and keeping him functional and he was able to better tolerate activities of daily living. A normal physical examination was

documented. Medications were dispensed. Cervical spine surgery was being considered. He does not take oral non-steroidal anti-inflammatory medication due to hypertension and diabetes. Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

Tylenol with Codeine Qty 25 (Unspecified Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in January 2014 when he had the delayed onset of neck and upper extremity pain after lifting while working as an Assistant Buyer / Warehouse Worker. He continues to be treated for cervical radiculopathy and right shoulder impingement syndrome. In August 2015 medications were Norco, Tylenol with codeine, and Terocin lotion. Norco was being taken at night and helping with pain and sleep. When seen in October 2015 medications were decreasing pain by 40% to 50% and keeping him functional and he was able to better tolerate activities of daily living. A normal physical examination was documented. Medications were dispensed. Cervical spine surgery was being considered. He does not take oral non-steroidal anti-inflammatory medication due to hypertension and diabetes. 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. Tylenol with codeine is a short acting combination opioid 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 or addiction and medications are reported as providing decreased pain and improved activities of daily living and activity tolerance. However, the dose was not specified. There is no rationale as to why two short acting combination opioid medications are being prescribed. For these reasons, the request is not medically necessary.