

Case Number:	CM15-0038132		
Date Assigned:	03/06/2015	Date of Injury:	09/10/2009
Decision Date:	04/10/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 57-year-old male, who sustained an industrial injury on September 10, 2009. He has reported injury of his back and leg. The diagnoses have included lumbar degenerative disc disease, and status post lumbar fusion. Treatment to date has included medications, back surgery, imaging, knee surgery, and a cane for ambulation, and physical therapy. Currently, the IW complains of continued back and leg pain. Physical findings revealed are tenderness to the knee. The knees reveal progressive valgus instability, are positive for anterior cruciate ligament laxity, crepitation and severe patellofemoral crepitation. The lumbar spine region is noted to have tenderness over the hardware area and a positive straight leg raise test bilaterally. He has reported that pain medications help decrease the level of pain, and increase his ability to do activity. The records indicated the provider was increasing the Norco dose, while decreasing Fentanyl. He was prescribed Norco and Terocin patches prior to October 15, 2014. On February 27, 2015, Utilization Review non-certified Norco 10/325mg #180 with 2 refills, and Terocin patches 240ml with one refill. The MTUS guidelines were cited. On February 27, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #180 with 2 refills, and Terocin patches 240ml with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 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 basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months in combination with Fentanyl. The physician was attempting to wean Fentanyl and increase Norco. A weaning protocol was not defined. There was no indication of Tylenol failure or adjunctive increase in non-opioid analgesics vs. increasing Norco. In addition, monthly monitoring on opioids are required. The Norco as prescribed above with 2 months refills is not medically necessary.

Terocin patches 240ml times 1: 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. The claimant had been on Terocin for months in combination with high dose opioids. Any compounded drug that is not recommended is not recommended and therefore chronic and continued use of Terocin patches are not medically necessary.