

Case Number:	CM15-0056484		
Date Assigned:	04/01/2015	Date of Injury:	08/29/2013
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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: Internal Medicine

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 45 year old male patient who sustained an industrial injury on 08/29/2013. Prior treatment to include acupuncture treatment, electronerve conduction study, bilateral medial branch blocks and radiofrequency ablation. The oldest medical record provided was a periodic report dated 06/25/2014. His chief complaints were of neck pain, headaches and bilateral upper shoulder pain. He states his pain is unchanged, and describes it as sharp, burning, throbbing and constant. The patient has been working a modified duty. He is noted using prescribed Hydrocodone, Xanax, Zolpidem, Seroquel and Gabapentin. The impression listed: cervical strain/sprain, cervical facet arthropathy, myofascial pain, bilateral carpal tunnel syndrome, bilateral AC joint arthritis, impingement syndrome, depression and cervicogenic headaches. The plan of care involved pending scheduled surgery, psychologic evaluation, acupuncture session, and nerve conduction study. The most recent documentation provided was dated 02/18/2015, and reported chief complaint of neck pain and headache. The patient reported having been febrile prior to visit, and he is with increased pain along with areas of numbness in the mid, upper back. Current prescribed medications showed Lyrica, Zolpidem, and Hydrocodone. The patient is currently participating in acupuncture treatment and not currently working due to unavailability of modified duties. The impression listed: status post radio frequency ablation, cervical facet arthropathy, myofascial pain, right radial neuropathy, bilateral carpal tunnel syndrome, bilateral AC joint arthritis and impingement, bilateral ulnar neuropathy, depression, cervicogenic headache, post concussion headache, temporal mandible joint and occipital neuralgia. The plan of care involved pending laboratory work up, recommending

additional acupuncture sessions, increasing Elavil to 20 mg, continue with Lidoderm patch and increased the Lyrica to 75 mg. Follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Nortriptyline 25mg #120 (DOS: 02/18/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Pages 13-16.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. The periodic report dated 1/14/15 documented that the patient has been on Nortriptyline without benefit. The patient was switched to Elavil, indicating that Nortriptyline was discontinued. The periodic report dated 2/18/15 documented that Elavil was increased to 20 mg QHS. Because Nortriptyline was documented to be nonbeneficial, the request for Nortriptyline is not supported. Therefore, the request for Nortriptyline is not medically necessary.

Retrospective: Terocin Patch 4% #10 (DOS: 02/18/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation drug.com - Terocin lotion.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73, Capsaicin, topical Page 28-29. Decision based on Non-MTUS Citation Terocin <http://www.drugs.com/pro/terocin.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either

not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Terocin is a topical analgesic, containing methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Methyl salicylate is a NSAID. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported. There is no documentation that the patient has not responded or is intolerant to other treatments. Per MTUS, this is a requirement for the use of topical Capsaicin. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Terocin is not supported by MTUS guidelines. Therefore, the request for Terocin is not medically necessary.