

Case Number:	CM15-0059250		
Date Assigned:	04/29/2015	Date of Injury:	03/17/2008
Decision Date:	06/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 58 year old male, who sustained an industrial injury on 3/17/08. He reported initial complaints of driving a tractor trailer that was struck by a train with fractured ribs and injuries to the eye socket, left hip, right shoulder and spine. The injured worker was diagnosed as having cervical strain, right shoulder impingement syndrome; status post right shoulder arthroscopy, right shoulder capsulitis, multiple rib fractures, lumbar degenerative disc disease L4-5, L5-S1, status post L5-S1 fusion with non-union, left hip contusion with greater trochanteric bursitis, post-traumatic stress disorder with dental issues of unknown etiology. Treatment to date has included status post lumbar L5-S1 fusion, status post right shoulder surgery, physical therapy; medications. Diagnostics included EMG/NCV lower extremities (4/2/13), x-rays in-house provider's lumbar, pelvis, hip, femur (2/12/15). Currently, the PR-2 notes dated 2/12/15 indicated the injured worker complains of low back pain, neck pain, right shoulder pain, left hip pain and chest wall pain. He complains of debilitating pain and came for chronic pain management. The pain overall is described as sharp, stabbing, throbbing with a duration of the pain as constant and severity of symptoms are described as moderate to severe with profound physical limitations. There was objective findings of tenderness of the lumbar paraspinal muscle, positive straih leg raising and FABER tests and decreased range of motion of the affected joints. The provider has requested: One (1) prescription of Norco 10/325mg #120, One (1) prescription of Terocin patches #30 with 1 refill and One (1) urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other sedatives. The records did not show that the patient failed treatment with NSAIDs and non opioid co-analgesics. There is no documentation of guidelines required compliance monitoring of serial UDS, CURES data reports, absence of aberrant behaviors and functional restoration. The criteria for the use of Norco 10/325mg #120 was not met.

One (1) prescription of Terocin patches #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS or post herpetic neuralgia. The guidelines recommend that oral formulations of the first line medications be utilized for the treatment of radiculopathy pain. It is recommended that topical analgesic compounds be utilized individually so that efficacy can be effectively evaluated. The Terocin contains menthol 10% / lidocaine 2.5% / capsaicin 0.025% / methyl salicylate 25%. There is lack of guidelines or FDA support for the use of menthol and salicylate in the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch #30 1 Refill was not met. Therefore, the requested treatment is not medically necessary.

One (1) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other sedatives. It is recommended that UDS be utilized at the initiation of chronic opioid treatment and randomly with the frequency increased in the presence of red flag conditions or aberrant behavior. There is no documentation of guidelines required compliance monitoring of serial UDS, CURES data reports, absence of aberrant behaviors and functional restoration. The criteria for the UDS was not met because the Norco was not certified.