

Case Number:	CM15-0060183		
Date Assigned:	04/06/2015	Date of Injury:	05/07/2007
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
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: California

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 59 year old male, who sustained an industrial injury on May 7, 2007. The diagnoses have included lumbar discogenic disease, lumbar facet arthrosis, right knee internal derangement, right rotator cuff tear with partial thickness, cervical degenerative disc disease and cervical facet arthrosis. Treatment to date has included medications, radiological studies, left carpal tunnel release and a thoracolumbar fusion. Current documentation dated February 24, 2015 notes that the injured worker reported chronic thoracolumbar spine pain, right knee, right shoulder, neck and bilateral ankle and foot pain. The injured workers right knee pain was noted to be an eight out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed a painful and limited range of motion. Right knee examination revealed tenderness to palpation at the joint line and a painful range of motion. An anterior drawer test was positive. Right shoulder examination showed a positive impingement sign. Examination of the cervical spine revealed pain, spasms and a decreased range of motion. The injured worker used a walker for ambulation. The treating physician's plan of care included a request for the medications Anaprox 550 mg # 60, Norco 5/325 mg # 180 and Terocin lotion 180 grams times one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function was clearly outlined including an improvement in ADLs such as washing dishes. The pain score decreased by 50% with the medication regimen in notes from October, November, and December 2014. There was adequate monitoring for aberrant behaviors such as querying the CURES database, and the results of urine toxicology testing was submitted. This request is medically necessary.

Anaprox 550 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Anaprox is an NSAID type medication. Regarding the request for NSAIDs, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that the medication in question is providing benefit and pain reduction. The pain score decreased by 50% with the medication regimen in notes from October, November, and December 2014. Thus, the current request is medically necessary.

Terocin lotion 180 grams x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding topical lidocaine, the MTUS states: "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Given this, the lidocaine component of Terocin is not recommended, and this request is not medically necessary.