MAXIMUS Federal Services

Case Number:	CM15-0235625		
Date Assigned:	12/11/2015	Date of Injury:	05/28/2013
Decision Date:	01/15/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/02/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 32 year old male, who sustained an industrial injury on 05-28-2013. He has reported injury to the low back. The diagnoses have included lumbago with sciatica, unspecified site; pain in unspecified shoulder; and sprain of unspecified rotator cuff capsule. Treatment to date has included medications, diagnostics, heat, ice, acupuncture, injections, chiropractic therapy, physical therapy, and home exercise program. Medications have included Norco, cyclobenzaprine, Lidopro ointment, Terocin patch, and Protonix. A progress note from the treating physician, dated 11-10-2015, documented a follow-up visit with the injured worker. The injured worker reported lower back pain and left knee pain; the pain is rated as 7 out of 10 in intensity; the pain is described as aching, burning, sharp, spasmodic, stabbing, throbbing, and pins and needles; it radiates to the left hip, right hip, left thigh, right thigh, left knee, left leg, and left calf; the pain is described as severe; condition is associated with cramps and muscles spasms; it is aggravated by coughing and prolonged sitting; relieving factors include activity, application of cold, medication, rest, and standing; the pain level before taking medication is rated as 10 out of 10 in intensity; the pain after taking the medication is rated at 5 out of 10 in intensity; the medications are helping; he can do household chores and sleep for 6 hours at night with the medication; and the medication side effects include heartburn, alleviated with pantoprazole. Objective findings included he appears to be in mild distress; lumbar range of motion is restricted and limited by pain; tenderness is noted on both sides of the lumbar paravertebral muscles; spinous process tenderness is noted on L3, L4, and L5; tenderness is noted over the posterior iliac spine on both sides and sacroiliac spine; and hyperesthesia are

present over the medial calf, lateral calf, and anterior thigh, medial thigh, lateral thigh on the left side. The treatment plan has included the request for retro diclofenac sodium ER 100mg quantity: 60; retro Terocin patch 4-4% quantity: 30; and Norco 10-325mg quantity: 90 refill unspecified. The original Utilization Review, dated 11-24-2015, non-certified the request for diclofenac sodium ER 100mg quantity: 60; retro Terocin patch 4-4% quantity: 30; and Norco 10-325mg quantity: 90 refill unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Diclofenac sodium ER 100mg QTY 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac sodium (Voltaren®, Voltaren-XR®).

Decision rationale: Per the MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs), are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. According to the cited ODG, diclofenac sodium is not recommended as first-line due to increased risk profile. Based on the treating physician's notes, diclofenac sodium ER was prescribed for treatment of low back pain; however, there was no indication of efficacy, side effects, and long-term management goals specific to diclofenac sodium. Of concern is that diclofenac is not a primary treatment option due to the risk profile, but according to the treating provider notes, the injured worker did not tolerate a trial of naproxen and had trialed other NSAIDs (Aleve, Etodolac). Therefore, the request for diclofenac sodium ER 100mg #60 is medically necessary and appropriate.

Retro Terocin patch 4-4% QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The requested Terocin is a combination of methyl salicylate, capsaicin, menthol, and lidocaine hydrochloride into a topical lotion. Capsaicin

specifically is recommended only as an option for those injured workers with osteoarthritis, fibromyalgia, and chronic non-specific back pain, who have not responded or are in intolerant of conventional therapy. However, topical applications of lidocaine for neuropathic pain, other than Lidoderm, are not approved. The MTUS guidelines most importantly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Terocin patch 4-4% #30 is not medically necessary or appropriate.

Norco 10/325mg Qty 90 refill unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records (through 11-10-15) have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, history of urine drug testing, subjective functional improvement, and performance of necessary activities of daily living. In total, the records do indicate that he has had sustained functional improvement and documentation has meet the cited guidelines. The injured worker should continue appropriate follow up and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. However, the primary issue is that the Utilization Review paperwork lists the refill quantity as unspecified, while the actual prescription appears to state no refill. Although the injured worker may benefit from opioids, the documentation needs to be clarified. Therefore, the request for Norco 10/325mg #90 refill unspecified is not medically necessary or appropriate for ongoing pain management.