MAXIMUS Federal Services

Case Number:	CM13-0030622		
Date Assigned:	11/27/2013	Date of Injury:	03/10/2004
Decision Date:	07/29/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year-old patient sustained an injury on 3/10/04 while employed by [redacted]. Request(s) under consideration include 1 prescription of Hydrocodone/APAP 10/325MG #180, DOS: 8/12/13, 1 prescription of Terocin Pain Patch, #1 box (10 per box), DOS: 8/12/13, and 1 request for a second set of Transforaminal Epidural Injections for the bilateral S1 roots, DOS: 8/12/13. Diagnoses include History of right partial Achilles tendon tear; right lower extremity CRPS; peripheral neuropathy with diabetes, chronic pain due to above, and possible left cubital tunnel syndrome. The patient has past medical history of depression, poorly control diabetes with associated polyneuropathy, and gout with last episode in March 2013. EMG/NCV of 7/25/13 showed no evidence for focal nerve entrapment or lumbar radiculopathy, but with distal symmetrical polyneuropathy bilaterally. Poorly controlled diabetes noted blood sugar of 226 on 12/17/12. Medications list Norco, Zanaflex, Indomethacin, and Prilosec. The patient had failed a spinal cord stimulator trial. Report of 8/12/13 from the provider noted the patient with ongoing chronic low back pain and bilateral lower extremity pain rated at 3-6/10 with persistent numbness and weakness in both legs into the feet. Exam showed antalgic gait, lumbar paraspinal tenderness and spams; decreased range in all planes, decreased sensation in right L4, L5, and S1 dermatomes; diffuse weakness in bilateral lower extremities throughout with calf atrophy and fasciculations. Previous lumbar epidural steroid injection provided no functional benefit and request for repeat injection was denied on 8/20/13. Request(s) for 1 prescription of Hydrocodone/APAP 10/325MG #180, DOS: 8/12/13, 1 prescription of Terocin Pain Patch, #1 box (10 per box), DOS: 8/12/13, and 1 request for a second set of Transforaminal Epidural Injections for the bilateral S1 roots, DOS: 8/12/13 were not medically necessary on 9/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #180, DOS: 8/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opoids Page(s): 74-96.

Decision rationale: This 43 year-old patient sustained an injury on 3/10/04 while employed by [redacted]. Request(s) under consideration include 1 prescription of Hydrocodone/APAP 10/325MG #180, DOS: 8/12/13, 1 prescription of Terocin Pain Patch, #1 box (10 per box), DOS: 8/12/13, and 1 request for a second set of Transforaminal Epidural Injections for the bilateral S1 roots, DOS: 8/12/13. Diagnoses include History of right partial Achilles tendon tear; right lower extremity CRPS; peripheral neuropathy with diabetes, chronic pain due to above, and possible left cubital tunnel syndrome. The patient has past medical history of depression, poorly control diabetes with associated polyneuropathy, and gout with last episode in March 2013. EMG/NCV of 7/25/13 shhowed no evidence for focal nerve entrapment or lumbar radiculopathy, but with distal symmetrical polyneuropathy bilaterally. Poorly controlled diabetes noted blood sugar of 226 on 12/17/12. Medications list Norco, Zanaflex, Indomethacin, and Prilosec. The patient had failed a spinal cord stimulator trial. Report of 8/12/13 from the provider noted the patient with ongoing chronic low back pain and bilateral lower extremity pain rated at 3-6/10 with persistent numbness and weakness in both legs into the feet. Exam showed antalgic gait, lumbar paraspinal tenderness and spams; decreased range in all planes, decreased sensation in right L4, L5, and S1 dermatomes; diffuse weakness in bilateral lower extremities throughout with calf atrophy and fasciculations. Previous lumbar epidural steroid injection provided no functional benefit and request for repeat injection was denied on 8/20/13. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 prescription of Hydrocodone/APAP 10/325MG #180, DOS: 8/12/13 is not medically necessary and appropriate.

1 PRESCRIPTION OF TEROCIN PAIN PATCH, #1 BOX (10 PER BOX), DOS: 8/12/13: Upheld

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

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

Decision rationale: This 43 year-old patient sustained an injury on 3/10/04 while employed by [redacted]. Request(s) under consideration include 1 prescription of Hydrocodone/APAP 10/325MG #180, DOS: 8/12/13, 1 prescription of Terocin Pain Patch, #1 box (10 per box), DOS: 8/12/13, and 1 request for a second set of Transforaminal Epidural Injections for the bilateral S1 roots, DOS: 8/12/13 Diagnoses include History of right partial Achilles tendon tear; right lower extremity CRPS; peripheral neuropathy with diabetes, chronic pain due to above, and possible left cubital tunnel syndrome. The patient has past medical history of depression, poorly control diabetes with associated polyneuropathy, and gout with last episode in March 2013. EMG/NCV of 7/25/13 shhowed no evidence for focal nerve entrapment or lumbar radiculopathy, but with distal symmetrical polyneuropathy bilaterally. Poorly controlled diabetes noted blood sugar of 226 on 12/17/12. Medications list Norco, Zanaflex, Indomethacin, and Prilosec. The patient had failed a spinal cord stimulator trial. Report of 8/12/13 from the provider noted the patient with ongoing chronic low back pain and bilateral lower extremity pain rated at 3-6/10 with persistent numbness and weakness in both legs into the feet. Exam showed antalgic gait, lumbar paraspinal tenderness and spams; decreased range in all planes, decreased sensation in right L4, L5, and S1 dermatomes; diffuse weakness in bilateral lower extremities throughout with calf atrophy and fasciculations. Previous lumbar epidural steroid injection provided no functional benefit and request for repeat injection was denied on 8/20/13. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury. The 1 prescription of Terocin Pain Patch, #1 box (10 per box), DOS: 8/12/13 is not medically necessary and appropriate.

1 REQUEST FOR A SECOND SET OF TRANSFORAMINAL EPIDURAL INJECTIONS FOR THE BILATERAL S1 ROOTS, DOS: 8/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This 43 year-old patient sustained an injury on 3/10/04 while employed by [redacted]. Request(s) under consideration include 1 prescription of Hydrocodone/APAP 10/325MG #180, DOS: 8/12/13, 1 prescription of Terocin Pain Patch, #1 box (10 per box), DOS: 8/12/13, and 1 request for a second set of Transforaminal Epidural Injections for the bilateral S1 roots, DOS: 8/12/13. Diagnoses include History of right partial Achilles tendon tear; right lower extremity CRPS; peripheral neuropathy with diabetes, chronic pain due to above, and possible left cubital tunnel syndrome. The patient has past medical history of depression, poorly control diabetes with associated polyneuropathy, and gout with last episode in March 2013. EMG/NCV of 7/25/13 shhowed no evidence for focal nerve entrapment or lumbar radiculopathy, but with distal symmetrical polyneuropathy bilaterally. Poorly controlled diabetes noted blood sugar of 226 on 12/17/12. Medications list Norco, Zanaflex, Indomethacin, and Prilosec. The patient had failed a spinal cord stimulator trial. Report of 8/12/13 from the provider noted the patient with ongoing chronic low back pain and bilateral lower extremity pain rated at 3-6/10 with persistent numbness and weakness in both legs into the feet. Exam showed antalgic gait, lumbar paraspinal tenderness and spams; decreased range in all planes, decreased sensation in right L4, L5, and S1 dermatomes; diffuse weakness in bilateral lower extremities throughout with calf atrophy and fasciculations. Previous lumbar epidural steroid injection provided no functional benefit and request for repeat injection was denied on 8/20/13. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. The patient underwent previous lumbar epidural without evidence of pain relief, functional improvement with decrease in opioid use and medical utilization. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The 1 request for a second set of Transforaminal Epidural Injections for the bilateral S1 roots, DOS: 8/12/13 is not medically necessary and appropriate.