

Case Number:	CM14-0114189		
Date Assigned:	09/16/2014	Date of Injury:	12/31/2005
Decision Date:	10/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 53-year-old female who reported an injury when she was replacing a row of 3 seats in a 15 seat passenger van on 12/31/2005. On 06/16/2014, her diagnoses included status post lumbar fusion at L4-L5 and L5-S1 in 08/2009, probable pseudarthrosis, lumbar disc herniations at L2-3 and L3-4 with bilateral neural foraminal narrowing, lumbar radiculopathy, and right SI joint dysfunction. Her complaints included pain in her neck and lower back. She felt as though her condition had worsened and she had an increase in pain due to an attempt to wean her medications. She rated the severe stabbing pain in the low back at 10/10. She reported a radiation of that stabbing pain into her bilateral lower extremities all the way down through the thighs to her feet. She rated the pain in her legs at 7/10. There had been an earlier discussion regarding a spinal cord stimulator, but she stated she was not interested in that, or surgeries or injections. She had been taking Vicodin 3/500 mg and Lidopro cream which she reported reduced her pain minimally. Due to the minimal pain relief received with her previous medications, a trial of Norco 5/325 mg and tramadol ER 150 mg was started. Additionally, she was given a box of Terocin patches to apply topically. The Request for Authorization dated 06/16/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines recommends ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressant and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants. Additionally, there was no frequency specified in the request. Since this injured worker was taking more than one opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for Norco 10/325 mg #60 is not medically necessary.

Terocin patches #1 box (10 patches): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, topical lidocaine, topical capsaicin, topical.

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

Decision rationale: The request for Terocin patches #1 box (10 patches) is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control including local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin patches contain lidocaine 4%. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. The guidelines do not support the use of these patches. Additionally, the body part or parts that were to have been treated were not identified in the request. Furthermore, there was no frequency of application. Therefore, this request for Terocin patches #1 box (10 patches) is not medically necessary.