

Case Number:	CM14-0126373		
Date Assigned:	09/23/2014	Date of Injury:	10/04/2011
Decision Date:	10/28/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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 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:

The injured worker is a 30-year-old male with a reported date of injury on 10/04/2011. The mechanism of injury was not listed in the records. The injured worker's diagnoses included lumbar radiculopathy and chronic pain syndrome. The injured worker's past treatments included pain medication, physical therapy, and TENS unit. There was no relevant diagnostic imaging provided in the records. There was no relevant surgical history documented in the notes. The subjective complaints included ongoing low back pain that radiates to the right lower extremity. The objective physical exam findings noted decreased range of motion to the lumbar spine. Sensation was intact in the bilateral upper and lower extremities. The bilateral upper and lower extremity motor strength was rated 5/5. The injured worker's medications included Norco 5/325 mg, Ketoprofen 75 mg, topical Lidopro cream, trazodone 50 mg, and Terocin pain patch box. The treatment plan was to continue and refill medications and order a urine drug screen. A request was received for Terocin pain patch box and a 10 panel random urine drug screen for qualitative analysis. The rationale for the Terocin pain patch box was to decrease pain and the rationale for the urine drug screen was to assess compliance. The Request for Authorization form was dated 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch box (10 patches): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for Terocin Pain Patch box (10 patches) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches contains Lidocaine 2.50%, Capsaicin 0.025%, Menthol 10% and methyl salicylate 25%. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. In regard to capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. In regard to Methyl salicylate is significantly better than placebo in chronic pain when used as mono therapy. There is no rationale provided why Methyl salicylate is to be compounded. For the reasons listed above the request is not supported by the guidelines. As such, the request is not medically necessary.

10 panel random Urine Drug Screening for qualitative analysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT)

Decision rationale: The request for 10 panel random Urine Drug Screening for qualitative analysis is not medically necessary. The Official Disability Guidelines state that quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. While it is noted in the clinicals that the patient is on opioid medication, there is no specific rationale as to why a quantitative urine drug screen is need over a traditional urine drug screen. In the absence of the rationale, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.