MAXIMUS Federal Services

Case Number:	CM14-0148410		
Date Assigned:	10/20/2014	Date of Injury:	06/21/2004
Decision Date:	11/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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, 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 sustained an injury on 6/21/04. As per 9/9/14 report, she presented with right arm pain rated at 8-9/10, frequent twitching in the right arm and the right hand, and frequent tingling in the left hand, which was a new onset. Examination revealed right upper extremity lateral abduction to 50 degrees, right wrist flexion to 25 degrees and extension to 30 degrees, and lump in the palm of the right hand. MRI of the lumbar spine from March 2012 revealed mild loss of disc height and signal, left paracentral disc protrusion at L4-5 displacing left L4 nerve root. MRI of the cervical spine from April 2012 revealed multilevel disc disease at C4-5, C5-6, and C6-7 with bilateral foraminal narrowing as well as bilateral facet arthropathy. Past surgeries have included carpal tunnel surgery on the right, right shoulder arthroscopy, synovectomy, bursectomy, acromioplasty and modified Mumford procedure. She is currently on Norco which decreases her pain 8-9/10 to 1/10, Flexeril for spasms, naproxen for anti-inflammation, Protonix to treat stomach upset secondary to medications. The medications have been helpful in decreasing her symptoms and providing comfort and allowing her to be functional. Cervical traction with air bladder was recommended to provide neck support. Diagnoses include bilateral carpal tunnel syndrome status post right-sided release with persistent symptomatology; impingement syndrome of the right shoulder with partial tear of the supraspinatus and subacromial-subdeltoid bursitis, waiting for the surgical repair; low back pain with referred pain in the legs with diagnosis of left L4 radiculopathy; and cervical pain. The request for cervical traction with an air bladder was denied, Norco 10/325 mg #120 was modified to Norco 10/325 mg #60, Lidoderm cream was denied and Terocin patches was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with an air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Per CA MTUS / ACOEM guidelines, there is no high-grade scientific evidence to support effectiveness or ineffectiveness of passive modalities such as cervical traction. While traction can be employed on a trial basis according to ACOEM, in this case, there is no evidence of a prior successful trial of the traction device (i.e. in PT). Therefore, the request is not considered medically necessary according to guidelines.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91,74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 nonadherent) drug-related behaviors. In this case, there is documentation of significant improvement in pain level (i.e. VAS) with use of Norco. However, the records indicate that the IW is taking four Norco a day. Long acting opioids should be considered when continuous around the clock pain management is desired such as in this case. Furthermore, there is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of Norco with current dosing. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

Lidoderm cream: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Lidocaine is indicated in localized Neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain such as post-herpetic neuralgia. 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. In this case, there is no evidence of neuropathic pain; i.e. post-herpetic neuralgia or diabetic neuropathy. Thus, the request is considered not medically necessary according to guidelines.

Terocin 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.

Decision rationale: According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request of Terocin Patches is not medically necessary.