

Case Number:	CM14-0170575		
Date Assigned:	10/20/2014	Date of Injury:	06/01/2010
Decision Date:	11/20/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This patient sustained an injury on 6/1/10 while employed by [REDACTED]. Request(s) under consideration include Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity). Diagnoses include Lumbar sprain/sciatica; neck sprain; and carpal tunnel syndrome. Conservative care has included medications, therapy, and modified activities/rest. QME report of 5/19/14 noted the patient to be MMI for diagnoses of lumbar intervertebral disc displacement; myoligamentous injury. Reports of 4/22/14 and 7/18/14 from the provider noted patient with chronic radiating low back pain into both lower extremities. The patient was hesitant for any procedures and wished to continue pharmacological treatment. Exam showed lumbar spine with limited range of flex/ext/rotation of 60/20/40 degrees; diffuse tenderness at L4-S1 with positive SLR nad allodynia to left L5 distribution with 5/5 motor strength bilaterally and DTRs 2+. Diagnosis was Anterolisthesis of L4 on L5 with intermittent left-sided L5-S1 radiculopathy. Treatment plan included use of single point cane; deferral for injections; continued modified restrictions of 10 pound limitation and medication refills of Norco, Prilosec, Naprosyn, and Terocin patches. Report of 9/5/14 from the provider noted the patient with ongoing chronic low back pain rated at 7-8/10 radiating down both lower extremities. Exam showed unchanged findings with patient using single point cane from difficulty with ambulation at that visit. The request(s) for Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity) were non-certified on 10/10/14 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:

Norco #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): 74-96.

Decision rationale: This patient sustained an injury on 6/1/10 while employed by [REDACTED]. Request(s) under consideration include Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity). Diagnoses include Lumbar sprain/ sciatica; neck sprain; and carpal tunnel syndrome. Conservative care has included medications, therapy, and modified activities/rest. QME report of 5/19/14 noted the patient to be MMI for diagnoses of lumbar intervertebral disc displacement; myoligamentous injury. Reports of 4/22/14 and 7/18/14 from the provider noted patient with chronic radiating low back pain into both lower extremities. The patient was hesitant for any procedures and wished to continue pharmacological treatment. Exam showed lumbar spine with limited range of flex/ext/rotation of 60/20/40 degrees; diffuse tenderness at L4-S1 with positive SLR and allodynia to left L5 distribution with 5/5 motor strength bilaterally and DTRs 2+. Diagnosis was Anterolisthesis of L4 on L5 with intermittent left-sided L5-S1 radiculopathy. Treatment plan included use of single point cane; deferral for injections; continued modified restrictions of 10 pound limitation and medication refills of Norco, Prilosec, Naprosyn, and Terocin patches. Report of 9/5/14 from the provider noted the patient with ongoing chronic low back pain rated at 7-8/10 radiating down both lower extremities. Exam showed unchanged findings with patient using single point cane from difficulty with ambulation at that visit. The request(s) for Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity) were non-certified on 10/10/14. 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 Norco #60 (unspecified dose) is not medically necessary and appropriate.

Naprosyn #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This patient sustained an injury on 6/1/10 while employed by [REDACTED]. Request(s) under consideration include Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity). Diagnoses include Lumbar sprain/ sciatica; neck sprain; and carpal tunnel syndrome. Conservative care has included medications, therapy, and modified activities/rest. QME report of 5/19/14 noted the patient to be MMI for diagnoses of lumbar intervertebral disc displacement; myoligamentous injury. Reports of 4/22/14 and 7/18/14 from the provider noted patient with chronic radiating low back pain into both lower extremities. The patient was hesitant for any procedures and wished to continue pharmacological treatment. Exam showed lumbar spine with limited range of flex/ext/rotation of 60/20/40 degrees; diffuse tenderness at L4-S1 with positive SLR and allodynia to left L5 distribution with 5/5 motor strength bilaterally and DTRs 2+. Diagnosis was Anterolisthesis of L4 on L5 with intermittent left-sided L5-S1 radiculopathy. Treatment plan included use of single point cane; deferral for injections; continued modified restrictions of 10 pound limitation and medication refills of Norco, Prilosec, Naprosyn, and Terocin patches. Report of 9/5/14 from the provider noted the patient with ongoing chronic low back pain rated at 7-8/10 radiating down both lower extremities. Exam showed unchanged findings with patient using single point cane from difficulty with ambulation at that visit. The request(s) for Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity) were non-certified on 10/10/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Naprosyn #60 (unspecified dose) is not medically necessary and appropriate.

Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This patient sustained an injury on 6/1/10 while employed by [REDACTED]. Request(s) under consideration include Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity). Diagnoses include Lumbar sprain/ sciatica; neck sprain; and carpal tunnel syndrome. Conservative care has

included medications, therapy, and modified activities/rest. QME report of 5/19/14 noted the patient to be MMI for diagnoses of lumbar intervertebral disc displacement; myoligamentous injury. Reports of 4/22/14 and 7/18/14 from the provider noted patient with chronic radiating low back pain into both lower extremities. The patient was hesitant for any procedures and wished to continue pharmacological treatment. Exam showed lumbar spine with limited range of flex/ext/rotation of 60/20/40 degrees; diffuse tenderness at L4-S1 with positive SLR and allodynia to left L5 distribution with 5/5 motor strength bilaterally and DTRs 2+. Diagnosis was Anterolisthesis of L4 on L5 with intermittent left-sided L5-S1 radiculopathy. Treatment plan included use of single point cane; deferral for injections; continued modified restrictions of 10 pound limitation and medication refills of Norco, Prilosec, Naprosyn, and Terocin patches. Report of 9/5/14 from the provider noted the patient with ongoing chronic low back pain rated at 7-8/10 radiating down both lower extremities. Exam showed unchanged findings with patient using single point cane from difficulty with ambulation at that visit. The request(s) for Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity) were non-certified on 10/10/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Prilosec 20mg #60 is not medically necessary and appropriate.

Terocin Patches: Upheld

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

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

Decision rationale: This patient sustained an injury on 6/1/10 while employed by [REDACTED]. Request(s) under consideration include Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity). Diagnoses include Lumbar sprain/ sciatica; neck sprain; and carpal tunnel syndrome. Conservative care has included medications, therapy, and modified activities/rest. QME report of 5/19/14 noted the patient to be MMI for diagnoses of lumbar intervertebral disc displacement; myoligamentous injury. Reports of 4/22/14 and 7/18/14 from the provider noted patient with chronic radiating low back pain into both lower extremities. The patient was hesitant for any procedures and wished to continue pharmacological treatment. Exam showed lumbar spine with limited range of flex/ext/rotation of 60/20/40 degrees; diffuse tenderness at L4-S1 with positive SLR and allodynia to left L5 distribution with 5/5 motor strength bilaterally and DTRs 2+. Diagnosis was Anterolisthesis of L4 on L5 with intermittent left-sided L5-S1 radiculopathy. Treatment plan included use of single point cane; deferral for injections; continued modified restrictions of 10 pound limitation and medication refills of Norco, Prilosec, Naprosyn, and Terocin patches.

Report of 9/5/14 from the provider noted the patient with ongoing chronic low back pain rated at 7-8/10 radiating down both lower extremities. Exam showed unchanged findings with patient using single point cane from difficulty with ambulation at that visit. The request(s) for Norco #60 (unspecified dose), Naprosyn #60 (unspecified dose), Prilosec 20 mg #60, and Terocin Patches (unspecified quantity) were non-certified on 10/10/14. 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. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic 2010 injury nor is there documented intolerance to oral medication as the patient is currently taking several oral prescriptions. The Terocin Patches (unspecified quantity) is not medically necessary and appropriate.