

<b>Case Number:</b>	CM14-0178671		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal 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:

Pursuant to the progress note dated September 18, 2014, the IW complained of bilateral knee pain, low back pain, and bilateral lower extremity radicular pain. Medications help decrease pain to less than 50% and allow for more function. Physical examination reveals lumbar spine spams with painful and limited range of motion (ROM). Straight leg raise test is positive bilaterally at 60 degrees. There is tenderness to palpation over the joint line, and ROM is from 0-115 degrees. The IW was diagnosed with right knee total arthropathy and partial ankylosis; left knee internal derangement; lumbar discogenic disease; lumbar radiculopathy; chronic low back pain; status-post right knee arthroscopic debridement and manipulation; and status-post left TKA persistent pain. The treatment plan recommendations include: The IW will continue with her chronic pain management. She will be provided with a refill of Nucynta 100mg, Terocin lotion, Norco 10/325mg, Norflex 100mg, and Colace 100mg. The IW was instructed to continue her home TENS unit. There is a request for authorization dated October 25, 2014 for a new request for Restoril 30mg. There is no documentation in the medical indicating why Restoril is being prescribed. There is no documentation that the IW has insomnia. The provider states that the IW needs home health assistance five days a week for eight hours a day. The duration that home health assistance was not specified. The provider does not indicate why the home health is indicated. There is no documentation in the medical record that the IW is homebound. There are progress notes dating back to March 11, 2014 indicating that the IW was taking Nucynta 100mg, Terocin lotion Norflex 100mg, and Norco10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg quantity 180.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for Opiate Page(s): 74-96. Decision based on Non-MTUS Citation (ODG); Pain chapter, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, Nucynta 100 mg #180 is not medically necessary. With ongoing opiate use medical record should contain ongoing review of the documentation of pain relief, functional status, appropriate medication use and side effects. The ACOEM states they should be used only if needed for severe pain and only for short time. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In this case, Nucynta is being taken in conjunction with Norco. There is no documentation in the record to support the dual use Nucynta along with Norco. It is unclear whether there has been an objective functional improvement, again due to lack of documentation. Consequently, Nucynta 100 mg #180 is not medically necessary.

**Norco 10/325mg quantity 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. With ongoing opiate use medical record should contain ongoing review of the documentation of pain relief, functional status, appropriate medication use and side effects. The ACOEM states they should be used only if needed for severe pain and only for short time. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In this case, Norco is being taken in conjunction with Nucynta. Both are opiates. There is no documentation in the medical record to support the use of both opiates. Additionally, there is no documented objective functional improvement, again due to the lack of documentation supporting the use of one or both opiates. Consequently, Norco 10/325 mg #120 is not medically necessary.

**Terocin lotion 120ml quantity 1.00: Upheld**

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin lotion 120 MLs is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They're primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical Menthol is not recommended. In this case, the topical compound containing capsaicin, Lidocaine, menthol, methyl salicylate was requested. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended, is not recommended. Consequently, the topical compounded containing Terocin lotion 120 MLs is not medically necessary.

**Home Health Assistance (8hours/day) (duration unspecified) quantity 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Home Health Services

**Decision rationale:** Pursuant to the Official Disability Guidelines, home health assistance (eight hours per day, duration unspecified) is not medically necessary. Home health services are recommended under specific circumstances. They include both medical and nonmedical services for patients who are homebound and who require one or a combination of the following: skilled nursing care by a licensed medical professional for tasks such as administration of IV drugs, dressing changes, physical therapy; health related tasks and assistance of daily living that do not require skills of a medical professional such as bowel and bladder care, feeding and eating and dressing; and domestic services such as shopping cleaning laundry. These services do not need to be performed by a medical professional. Medical necessity requires documentation of objective deficits in function and specific activities precluded by such deficits; the expected kinds of services that will be required with an estimate of duration and frequency and level of expertise and/or professional licensure required to provide services. In this case, it is unclear whether the injured worker is homebound. Their progress notes that indicates the injured worker is ambulatory. Additionally, the documentation did not reflect the type of services that were required and whether they required the skills of a medical professional. Also, the duration for home health assistance was not documented. Consequently, home health assistance eight hours per day, duration unspecified is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Home Health Assistance (eight hours per day, duration unspecified) is not medically necessary.

**Restoril 30mg quantity 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Benzodiazepines

**Decision rationale:** Pursuant to the chronic pain medical treatment guidelines and official disability guidelines, Restoril 30 mg #30 is not medically necessary. Restoril is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, and anticonvulsant and muscle relaxant. It is the treatment of choice and very few conditions. In this case, the injured worker does not carry a diagnosis of insomnia. There are no issues with sleep documented in the medical record. Additionally, there are no other conditions warranting use of a Benzodiazepine documented in the medical record. Consequently, Restoril 30 mg #30 is not medically necessary.