

Case Number:	CM14-0090598		
Date Assigned:	07/23/2014	Date of Injury:	03/01/2013
Decision Date:	09/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Nevada. 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 records, presented for review, indicate that this 60 year old individual was reportedly injured on 3/1/2013. The mechanism of injury is undisclosed. The most recent progress note, dated 5/7/2014, indicated that there were ongoing complaints of neck, bilateral wrist, and low back pain. The physical examination demonstrated bilateral wrists with nonspecific tenderness to palpation on both wrists, positive medial/lateral tenderness on bilateral wrists, limited range of motion bilaterally; cervical spine had positive tenderness to palpation of the paraspinal muscles bilaterally, distraction test reveals pain on both sides, limited range of motion with pain; thoracic spine had positive tenderness to palpation of the paraspinal muscles bilaterally, with muscle spasms noted bilaterally, full range of motion with pain and muscle spasm; lumbar spine had point tenderness noted to the right paraspinal region, straight leg raise seated and supine was positive bilaterally, positive tenderness to palpation of the lumbar spine L2 to L5 with muscle guarding spasms noted on the right, range of motion limited with pain and spasm. No recent diagnostic studies are available for review. Previous treatment included previous surgeries, and medication. A request was made for Norco 10/325 milligrams quantity 120 with two refills, Gabacyclotram with two refills, Flurbiprofen/ Cyclobenzaprine/ Baclofen/ Lidocaine 120 milliliters with two refills, Terocin patches with two refills and was not certified in the preauthorization process on 5/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule (MTUS) supports short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Gabacyclotram with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); Page(s): 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of this topical compounding cream for pain. Furthermore, there is no documentation of any failure of conservative treatment, or first line medications. As such, this request is not considered medically necessary.

Flurbi/Cyclo/Bac/Lid 120ml with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); Page(s): 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of this topical compounding cream for pain. Furthermore, there is no documentation of any failure of conservative treatment, or first line medications. As such, this request is not considered medically necessary.

Terocin Patches with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 105, 112.

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. Medical Treatment Utilization Schedule (MTUS) guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or antidepressants have failed. There is no evidence based recommendation or support for Menthol. MTUS guidelines state, that topical analgesics are largely experimental and that any compound product, that contains at least one drug (or drug class), that is not recommended is not recommended. As such, this request is considered not medically necessary.