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| Case Number: | CM13-0071235 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 07/11/2011 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 (IW) is a 50 year old male, who sustained an industrial injury on July 11, 2011. He has reported neck, lower back, elbow and ankle pain with associated stiffness, tension, and occasional swelling and locking of the elbow and was diagnosed with cervical and lumbar radiculopathy, bilateral carpal tunnel syndrome electrodiagnostically supported, left elbow loose joint body and arthralgia, left knee chondromalacia patella, left ankle arthralgia and left shoulder arthralgia. Treatment to date has included radiographic imaging, laboratory studies, diagnostic studies, physical therapy, acupuncture therapy, chiropractic care, surgical interventions and pain medications. Currently, the Injured Worker complains of neck, lower back, elbow, and ankle pain with associated stiffness, tension, and occasional swelling and locking of the elbow. The Injured Worker sustained an industrial injury on July 11, 2011. Following the injury, pain in the neck, back, elbows and ankles continued. On June 12, 2012, evaluation revealed cervical and lumbar spine pain as well as left elbow pain and left ankle pain with associated stiffness and tightness. It was noted he was using physical therapy with no clear indication of improvement. On July 27, 2012, additional acupuncture was recommended. Pain continued in August of 2012 and a magnetic resonance image (MRI) was recommended. Naproxin and temazepam were discontinued and tramadol and a trazadone trial were ordered. On October 11, 2012, a home exercise plan was continued and a Dynasplint 3 hours per day was recommended. On September 27, 2013, the pain continued and the dynasplint was continued. He complained of sleep disturbances secondary to chronic pain. Reports on November 15, 2012, revealed the results of the MRI were not supportive of a traumatic injury and did reveal normal degenerative changes

expected with the Injured Worker stated age and career. Functional evaluation on November 14, 2013, revealed the physician did not feel the Injured Worker was ready to continue with the previous job duties. On November 20, 2013, Utilization Review non-certified a request for Terocin pain patches and modified a request for temazepam #60 to temazepam #15, noting the MTUS guidelines were cited. On December 26, 2013, the injured worker submitted an application for IMR for review of requested Terocin pain patches and temazepam #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZAPAM 15 MG CIV (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions.

TEROGIN PAIN PATCH (1 BOX OF 10 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 9792.20-.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin pain patches contain topical Lidocaine and menthol. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (gabapentin or Lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Regarding the use of Terocin pain patch for the use of chronic pain, lidocaine and menthol are considered not medically necessary due to the lack of documentation that the patient has tried and failed first line therapy. Furthermore the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine.

