

Case Number:	CM14-0110397		
Date Assigned:	08/01/2014	Date of Injury:	02/17/2009
Decision Date:	06/30/2015	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old male, who sustained an industrial injury on 2/17/09. The injured worker was diagnosed as having chronic low back pain with L5-S1 spondylolisthesis with bilateral pars defect, left sacroiliac sprain, chronic right shoulder pain with tendonitis, right acromioclavicular joint hypertrophic and degenerative joint disease, obesity, depression, and anxiety. Treatment to date has included physical therapy, home exercise, a left sacroiliac joint injection, and medication. The injured worker had been taking Norco and using Terocin patches since at least 9/3/13. Physician's reports dated 5/21/14 and 6/18/14 noted pain was rated as 6-7/10. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 10/325mg #60 and Terocin patches #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in February 2009 and continues to be treated for persistent low back pain. When seen pain was rated at 6-7/10. He was taking ibuprofen without improvement. At the previous visit, Norco had been prescribed. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness and muscle spasms. There was left sacroiliac joint tenderness. He had decreased left lower extremity strength and sensation. Norco was prescribed a total MED (morphine equivalent dose) of 20 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

Terocin patches #20: 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 (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in February 2009 and continues to be treated for persistent low back pain. When seen pain was rated at 6-7/10. He was taking ibuprofen without improvement. At the previous visit, Norco had been prescribed. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness and muscle spasms. There was left sacroiliac joint tenderness. He had decreased left lower extremity strength and sensation. Norco was prescribed a total MED (morphine equivalent dose) of 20 mg per day. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication ibuprofen without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.