

Case Number:	CM14-0082707		
Date Assigned:	07/21/2014	Date of Injury:	02/06/2001
Decision Date:	05/26/2015	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/04/2014

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: California
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 2/06/2001, resulting in injury to his right shoulder. Multiple dates of injury to multiple body parts were noted. The injured worker was diagnosed as having lumbago, spasm of muscle, radicular syndrome (thoracic/lumbosacral), pain in thoracic spine, and depression. Treatment to date has included diagnostics, right shoulder surgery in 2002, physical therapy, trigger point injections, and medications. Urine drug screen (2/10/2014) was submitted and documented as consistent with reported medications. On 3/17/2014, he presented for trigger point injections due to persistent muscle spasms in the paravertebral muscle in the thoracic spine, with immediate relief of pain. On 4/07/2014, the injured worker reported almost 100% relief of thoracic pain, rating pain at 0-1/10. He was seen for medication refill for continued back pain, rated an average of 8/10. He reported radicular symptoms to the lower extremities. Medications included Bupropion, Wellbutrin SR, Norco, Norflex ER, Terocin lotion, Protonix, Ibuprofen, and Ultracet. Urine drug screen was inconsistent with expected results (negative for Tramadol). He stated that his insomnia and depression were worsening. On 5/05/2014, thoracic pain was rated 0-1/10 and low back pain was rated 8/10. The requested treatment included medication refills and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Orphenadrine ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic R shoulder, thoracic spine, and lower back pain dating back to a work-related injury 02/06/2001. The patient received shoulder surgery, trigger point injections, and the patient has become opioid dependent. Orphenadrine is a muscle relaxer, specifically an anti-spasmodic, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using orphenadrine over the long-term (more than 2-3 weeks) is not recommended. Orphenadrine's side effects include sedation, dry mouth, and urinary retention. This drug has abuse potential, as it produces euphoria. Cases of medication dependence are reported. Orphenadrine is not medically necessary.

Unknown prescription of Terocin Lotion: Upheld

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

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

Decision rationale: This patient receives treatment for chronic R shoulder, thoracic spine, and lower back pain dating back to a work-related injury on 02/06/2001. The patient had shoulder surgery, received trigger point injections, and the patient has become opioid dependent. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Terocin Lotion contains Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Methyl salicylate is an NSAID. None of the NSAIDs are recommend in the topical form to treat chronic pain. Menthol is a topical irritant, which is not recommended to treat chronic pain. Topical Lidocaine has a narrow recommendation to treat post-herpetic neuralgia, as a second line agent; but only when used in the form of Lidoderm brand patches. Based on the documentation, and the multiple components that are not recommended, this compounded topical lotion is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic R shoulder, thoracic spine, and lower back pain dating back to a work-related injury on 02/06/2001. The patient had shoulder surgery, received trigger point injections, and the patient has become opioid dependent. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical 'red flags' include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.