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| Case Number: | CM15-0012440 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 10/11/2011 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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: Ohio, North Carolina, Virginia
 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 39 year old male, who sustained an industrial injury on 10/1/2011. The diagnoses have included lumbar disc protrusion. Treatment to date has included medications, physical therapy, home exercise program, activity modification, work restriction, and psychiatric consultation. X-rays of the lumbar spine dates 7/02/2012 showed no fractures, subluxations or degenerative changes. Magnetic resonance imaging (MRI) of the lumbar spine dates 3/03/2013 showed no interval changes since the 7/28/2012 study. At L4-5 there was a left sided disc protrusion that mild to moderately narrowed the left neural foramen and effaced the left lateral recess. It mildly displaced the traversing left L5 nerve root. There were multilevel degenerative Schmorl's nodes noted throughout. The appearance was stable. Currently, the IW complains of constant residual low back pain. The pain level without medication is 8/10 and with medication is 2/10. The pain is currently 3/10. Objective findings included tenderness to palpation of the lumbar spine. There was decreased range of motion and spasm along the paravertebral muscles bilaterally. On 1/07/2015, Utilization Review non-certified a request for Norco 10/325mg #30 and Terocin patch #20, noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/22/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #30 and Terocin patch #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 124, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Magesic- H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (5mg/tab) and acetaminophen (500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. On visit date dated 12-1-2014 the treating physician noted that the injured worker's pain level without medication was 2/10 and 0/10 with pain medication. A pain level of 2/10 without medication is not typically considered moderate to moderately severe pain. Hydrocodone 5 mg is typically prescribed for moderate to moderately severe pain. In this instance, the treating physician has prescribed 10 mg of hydrocodone, a dose that is considerably beyond what should be required for a pain level of 2/10 without medication. Consequently, Norco 10/325 mg #30 was not medically necessary.

Terocin patch #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by ██████████. 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 an anti-epilepsy drug such as gabapentin or Lyrica). This is 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. Terocin is a patch formulation of lidocaine and menthol. In this instance, there is no indication the injured worker has localized peripheral nerve pain. The submitted documentation does not show that an anti-depressant or anti-epilepsy medication had been tried and failed previously. Therefore, Terocin patch #20 is not medically necessary.

