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| Case Number: | CM15-0111220 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 12/21/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female who reported an industrial injury on 12/21/2014. Her diagnoses, and/or impressions, are noted to include: neck, low and mid back pain, status-post a fall. Recent magnetic imaging studies of the cervical and lumbar spine were stated to have been done on 2/14/2015. Her treatments have included a home exercise program; medication management; and rest from work before a return to modified work duties. The progress notes of 5/7/2015 noted complaints of ongoing, severe and constant low-back pain, neck pain, and mid-back pain which limited all activities. Objective findings were noted to include an antalgic gait; decreased reflexes in the upper and lower extremities; tightness in the low back with straight leg raise test; muscle spasms and tenderness over the cervical, thoracic and lumbosacral para-spinals, as well as the trapezius, rhomboids and lower lumbosacral facet joints; limited range-of-motion in the back and neck; and painful decreased range-of-motion about the bilateral shoulders. The physician's requests for treatments were noted to include the continuation of Hydrocodone and Flexeril for relief from muscle spasms and pain, and topical Terocin to minimize development of further gastrointestinal complaints from having to also take Zantac with Ibuprofen prescribed by a different physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120 ml, 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111-113; 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Terocin 120 ml, 2 bottles is not medically necessary or appropriate.

Flexeril 17.5 mg Qty 60, 1 every night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2014. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 17.5 mg Qty 60, 1 every night is not medically necessary or appropriate.

Hydrocodone 10/325 mg Qty 30, 1 every night: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute pain, unable to function due to progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have some benefit with request for short course of #30; however, functional benefit is required prior to further consideration or weaning process needs to be considered. At this time, the Hydrocodone 10/325 mg Qty 30, 1 every night is medically necessary and appropriate.