

Case Number:	CM15-0177606		
Date Assigned:	09/18/2015	Date of Injury:	10/15/2014
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 41 year old male, who sustained an industrial injury on October 15, 2014, when the tree he was working on tilted causing him to fall about 80 feet off the ground , with loss of consciousness, awaking on the ground with pain-injury to the head, neck, back, chest, both shoulders, both knees, and both feet. A review of the medical records indicates that the injured worker is undergoing treatment for status post blunt head injury with loss of consciousness, posttraumatic cephalgia, cervical musculoligamentous sprain-strain, thoracic musculoligamentous sprain-strain, lumbosacral musculoligamentous sprain-strain, history of chest wall-ribs contusion, history of abdominal wall contusion, bilateral shoulder sprain-strain, bilateral knee sprain-strain, rule out knee meniscal tear, bilateral ankle sprain-strain, rule out internal problems-injury, sleep disturbance secondary to pain, and situational depression. On July 23, 2015, the injured worker reported headaches, neck pain, mid-upper back pain, lower back pain, chest pain, bilateral shoulders pain, bilateral knee pain, and bilateral ankles pain. The Primary Treating Physician's report dated July 23, 2015, noted on a scale of 0 to 10, the injured worker rated his headaches, and pain in the neck, mid-upper back, lower back and right shoulder as 7 out of 10 on the visual analog scale (VAS) which was increased from 6 out of 10 on the previous visit, 7 out of 10 in the left shoulder which was increased from 5 out of 10 on the previous visit 6 out of 10 in the right knee and right ankle remaining the same since the previous visit 6 out of 10 in the left knee which was increased from 4 out of 10 on the previous visit, and 6 out of 10 in the left ankle which was increased from 0 out of 10 on the previous visit. Physical examination was noted to show grade 3 tenderness to palpation over the cervical spine paraspinal muscles, grade 2 to 3 tenderness to palpation over the thoracic spine paraspinal

muscles, grade 3 tenderness to palpation over the lumbar spine paraspinal muscles, grade 2 tenderness to palpation to the bilateral shoulders, grade 3 tenderness to palpation of the bilateral knees, grade 3 tenderness to palpation of the bilateral ankles, and no changes of the neurocirculatory examination. The treatment plan was noted to include prescribed chiropractic treatments, prescribed medications of Tramadol, prescribed since at least May 14, 2015, Fexmid, and Terocin patches, with urine toxicology testing administered. The request for authorization dated July 23, 2015, requested Terocin patch #60 and Tramadol 50mg #60. The Utilization Review (UR) dated August 21, 2015, non-certified the requests for Terocin patch #60 and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in October 2014 and is being treated for headaches, pain throughout the spine, and bilateral shoulder, knee, and ankle pain. When seen, there was tenderness throughout the involved areas. Other than for the right knee and ankle, pain had increased. Tramadol was refilled at the same dose and Terocin was prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine and a patch formulation is being requested. Topical Lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an anti-epilepsy drug such as Gabapentin or Lyrica. 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. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This prescription for Terocin patches is not considered medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2014 and is being treated for headaches, pain throughout the spine, and bilateral shoulder, knee, and ankle pain. When seen, there was tenderness throughout the involved areas. Other than for the right knee and ankle, pain had increased. Tramadol was refilled at the same dose and Terocin was prescribed. Tramadol is an immediate release short acting medication 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 is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of response to this medication with VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.