

Case Number:	CM15-0039892		
Date Assigned:	03/10/2015	Date of Injury:	10/12/2011
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 57-year-old male, who sustained an industrial injury on 10/12/2011. The mechanism of injury has not been provided. The injured worker was diagnosed as having lumbar sprain/strain, lumbar paraspinal muscle spasms/disc herniation, lumbar radiculitis/radiculopathy of lower extremities, and sacroiliitis of right sacroiliac joint. Treatment to date has included medications, transforaminal epidural steroid injection, TENS unit, home exercise and sacroiliac joint injection. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported discomfort due to excruciating low back pain, limited range of motion of the lumbar spine with tingling and numbness to right leg. Pain level is rated as 9/10 most of the time specifically sitting on hard surfaces with radiation to the thigh. He reports pain is worse since the last exam. Physical examination revealed progressive weakness along with tingling and numbness in right leg. The injured worker reports severity of these symptoms when climbing stairs, long walks, daily activities and performing home exercise program. He is also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. The plan of care included a second right transforaminal epidural steroid injection, TENS unit, a second right sacroiliac joint injection under fluoroscopy, Norco 10/325mg and Terocin lotion. Authorization was requested for Norco 10/325mg #60 and Terocin lotion 240mL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin lotion #240 mls. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar sprain/strain; lumbar paraspinal muscle spasms/disc herniation; lumbar radiculitis/radiculopathy of lower extremities; and sacroiliitis right SI joint. The documentation from a July 3, 2014 progress note states compound creams were to be prescribed to reduce the dose and strength a number of opiates taken per day. There was no brand attached to the topical cream. It is unclear whether a topical cream was started on that date. Documentation from February 25, 2015 indicates both Terocin patch and Terocin cream were prescribed. Subjectively, the injured worker complains of 9/10 pain. The injured worker has complaints of 9/10 pain in most of the progress notes. Objectively, there are no physical findings. The objective section of the February 25, 2015 progress note contains pain descriptions and assessments such as inflammation. The start date of Terocin cream is unclear from the documentation. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. Any compounded product that contains at least one drug (Lidocaine lotion) that is not recommended is not recommended. Consequently, Terocin lotion is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Terocin lotion #240mls are not the necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar sprain/strain; lumbar paraspinal muscle spasms/disc herniation; lumbar radiculitis/radiculopathy of lower extremities; and sacroiliitis right SI joint. A neurological agreed-upon medical examination (AME) was performed December 19, 2013. Norco was started December 8, 2011. The documentation stated Norco did not help much. Norco was continued from 2011 through 2013, and 2014. A urine drug toxicology screens was performed on January 14, 2015. There were no medication is declared on the UDS, however, the urine drug screen was negative for medications (opiates). There was no treating physician discussion in medical record as to this inconsistency. The injured worker continues to complain of 9/10 pain on the VAS scale according to the February 25, 2015 progress note. Objectively, there are no physical findings documented in the record. Consequently, absent compelling clinical documentation with objective functional improvement with a consistent VAS of 9/10 in the progress notes, no documentation with objective functional improvement and the AME that indicated opiates did not help, Norco 10/325 mg #60 is not medically necessary.