

Case Number:	CM13-0009524		
Date Assigned:	09/12/2014	Date of Injury:	07/15/2011
Decision Date:	10/21/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 who sustained an injury on July 15, 2011. The injured worker had been followed for complaints of ongoing low back pain radiating to the right lower extremity with associated tenderness to palpation. The injured worker did undergo surgical intervention on July 24, 2013. The appeal letter dated July 30, 2013 indicated that the requested medications were for post-operative pain. The July 15, 2013 indicated that the injured worker was pending surgical intervention. The injured worker's medications were denied on July 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150 mg, sixty count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: The injured worker was pending surgical intervention as of July 15, 2013 and did undergo surgery on July 24, 2013. Given the procedures completed, the requested medication for post-operative pain would be indicated as medically appropriate. There is no

indication of excessive prescriptions of this medication for pain. Therefore, the request for Ultram 150 mg, sixty count, is medically necessary and appropriate.

Naproxen 550 mg, ninety count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The injured worker was pending surgical intervention as of July 15, 2013 and did undergo surgery on July 24, 2013. Given the procedures completed, the requested medication for post-operative pain would be indicated as medically appropriate. There is no indication of excessive prescriptions of this medication for pain. Therefore, the request for Naproxen 550 mg, ninety count, is medically necessary and appropriate.

Bactroban 60 ml, one bottle: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence Bactroban. (2013). In Physicians' desk reference 67th ed.

Decision rationale: The injured worker was pending surgical intervention as of July 15, 2013 and did undergo surgery on July 24, 2013. Given the procedures completed, the requested medication for post-operative wound care and infection prevention would be indicated as medically appropriate. There is no indication of excessive prescriptions of this medication. Therefore, the request for Bactroban 60 ml, one bottle, is medically necessary and appropriate.

Terocin 120 ml, two bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regards to the use of Terocin topical analgesics, this reviewer would not have recommended this request as medically appropriate. Terocin contains capsaicin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the

injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, the request for Terocin 120 ml, two bottles, is not medically necessary or appropriate.

Norco 10/325 mg, ninety count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: The injured worker was pending surgical intervention as of July 15, 2013 and did undergo surgery on July 24, 2013. Given the procedures completed, the requested medication for post-operative pain would be indicated as medically appropriate. There is no indication of excessive prescriptions of this medication for pain. Therefore, the request for Norco 10/325 mg, ninety count, is medically necessary and appropriate.

Fexmid 7.5 mg, sixty count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: The injured worker was pending surgical intervention as of July 15, 2013 and did undergo surgery on July 24, 2013. Given the procedures completed, the requested medication for post-operative pain would be indicated as medically appropriate. There is no indication of excessive prescriptions of this medication for pain. Therefore, the request for Fexmid 7.5 mg, sixty count, is medically necessary and appropriate.