MAXIMUS Federal Services

Case Number:	CM13-0011792		
Date Assigned:	09/26/2013	Date of Injury:	04/09/2008
Decision Date:	04/10/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/15/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 56 year old male who was injured on 04/09/2008 while standing on a large bucket to be able to reach to the top of a trellis when he lost his balance and fell on his left side. The patient noted that he twisted his left foot and left knee and experienced low back pain. Patient was diagnosed with chronic lumbosacral strain/sprain, superimposed upon lumbar spondylosis and multilevel disc protrusions, per MRI of 10/5/2012; Chronic left knee strain with torn medial meniscus and torn ACL, per MRI of 1/5/2012 and chronic left ankle sprain. Prior treatment history has included conservative treatment in the clinic for 3-4 months that focus on his left knee, chiropractic therapy and attended physical therapy with little benefit. Patient has been taking Tramadol 150 mg #30 and topical Terocin cream for the pain. Diagnostic studies reviewed include MRI of Lumbar spine that revealed multilevel lumbar spondylosis which includes mild central spinal stenosis at L3-4 and L4-L5 and moderate to severe left neuroforaminal stenosis at L5-S1 and disc bulge at L2-S1 MRI of left knee revealed cleavage tear of the medial meniscus and complete tear of the ACL. In addition, there are to degenerative subchondral marrow edema and cystic changes in the tibial plateau below the tibial spine. There is a ganglion cyst measuring 1.1 x .8 x 1.1 cm in the anterior intercondylar notch region just posterior to Hoffa's fat pad. X-ray of the cervical spine revealed slight degenerative disc narrowing at C6-7 with small anterior marginal spurs at C5-C6. ENG/NCV on 3/20/2012 was suggestive of right L5-S1 radiculopathy and distal symmetric polyneuropathy of the bilateral lower extremities. The spine and Orthopedic Center's chiropractor [redacted], on 7/11/2013, stated that patient complained of low back pain of 8/10. Tony did find that patient thoracic spine, lumbar spine and SI were tender bilaterally. CMT was performed on bilateral SI joints, thoracic and lumbar spine, EMS and infrared completed heat/ice treatment. On the progress note prior to last visit, dated 04/29/2013, patient was complaining of low back pain of 8/10 which was the

same 4 months later on above noted visit. The exam revealed the same results of the tenderness in the thoracic, lumbar and SI spine bilaterally. CMT was again performed on bilateral SI joints, thoracic and lumbar spine in addition to 30 minutes of therapeutic exercise protocol for the lumbar spine, EMS and infrared completed stage 1 back thx protocol with cardio conditioning on a recumbent bike.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

Decision rationale: According to the CA MTUS, opioid use is recommended to treat chronic pain. The medical records document that patient has been using tramadol for well over a year for low back pain. There is an absence of any documented objective functional improvement with the above rendered treatment. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Further, opioid use for chronic non-malignant pain has not been found to achieve key outcomes in terms of pain relief, quality of life, or functional improvement. Medical necessity has not been established. Therefore, tramadol is non-certified.

TEROCIN LOTION, 40Z: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROID ANTIINFLAMMATORY AGENTS (NSAIDS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROID ANTIINFLAMMATORY AGENTS (NSAIDS)..

Decision rationale: According to the CA MTUS, Terocin lotion/cream is largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Based on these guidelines, Lidocaine is not recommended in gel format. Active ingredients of Terocin lotion includes: Methyl Salicylate 25G/100ml, Capsaicin 0.025G/100ml, Menthol 100ml and Lidocaine hydrochloride 2.5 G/100ml Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary according to the guidelines. Terocin lotion is non-certified.