

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0014069 | | |
| Date Assigned: | 09/26/2013 | Date of Injury: | 03/20/2004 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 08/13/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

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 Family Medicine and is licensed to practice in Arizona. 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 worker has been treated for cervical and lumbar discogenic syndrome, carpal tunnel syndrome, myofascial and chronic pain since an injury of 3/20/2004. Medicines from 2012 through July 31 have been acetadryl 25-500 mg daily; omeprazole 20 mg, and topiramate 175 to 50 mg twice daily; since December 2012 diclofenac 100 mg or naproxen 550 mg twice daily {none since March), tramadol 50 mg three times daily and Terocin (methyl salicylate, capsaicin, menthol, lidocaine) (none from March through July). Zolpidem 5 mg daily and Lidoderm 5% patches, 3 daily for 12 hours, were prescribed. The patient denied side effects from medications. Insomnia was not reported. June 2013. Evaluation reports increased pain, 7/10 with cooler weather. Physical exam reports decreased cervical and lumbar range of motion, cervical and lumbar tenderness and lower extremity decreased sensation, right greater than left, with plan to continue medication and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 93.

Decision rationale: CA MTUS recognizes tramadol as a synthetic opioid that affects the central nervous system. Therefore, the patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. No documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the medical necessity for tramadol is not established.

TOPIRAMATE 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 21.

Decision rationale: Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central origin. It is still considered for use when other anticonvulsant agents fail. The injured worker has been maintained on topiramate since at least 2012 without report of successful response, in keeping with results reported in MTUS. Therefore, this medication is not medically necessary.

TEROCIN 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 62, 112-113.

Decision rationale: Terocin is comprised of methyl salicylate 25%, capsaicin 0.025%, menthol 10%, lidocaine 2.50%. MTUS recommends capsaicin cream .025% as second line for osteoarthritis pain. Topical lidocaine is recommended only for localized peripheral pain and only after a trial of first line therapy (such as tri-cyclic or SNRI anti-depressants, gabapentin or Lyrica); Lidoderm is the only FDA-approved form, and no other other formulations are indicated for relief of neuropathic pain. MTUS states that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Because lidocaine is not approved in any other topical form, this medication is not medically necessary.