

Case Number:	CM13-0014342		
Date Assigned:	09/30/2013	Date of Injury:	06/29/2010
Decision Date:	01/30/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 57-year-old male who reported an injury on 06/29/2010 after jumping out of an oak tree, causing a fall. The patient was treated with physical therapy, chiropractic care, and injections. The patient also underwent acupuncture. The patient's most recent clinical evaluation reported that the patient had continued low back pain complaints rated at 6/10 to 7/10. Physical findings included tenderness to palpation to the cervical, thoracic, and lumbar paraspinal musculature with decreased sensation in the left C5 dermatome, decreased sensation in the right C6, C7 and C8 dermatomes, decreased sensation in the right L3 and right S1 dermatomes, with decreased motor strength rated at 4/5 in the right wrist extensors and left quadriceps, and 3/5 in the left tibialis anterior. The patient's diagnoses included multilevel disc protrusions causing moderate to severe canal stenosis, cervical and lumbar radiculopathy, multilevel degenerative disc disease, status post bilateral knee surgeries, right in 2011 and left in 2012. The patient's treatment plan included a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Terocin pain relief lotion 4oz between 6/21/2013 and 10/8/2013:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Topical analgesics Page(s): 60, 111.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has pain complaints of the low back. The Chronic Pain Guidelines do not recommend a compounded agent that contains an agent that is not supported by guideline recommendations. The requested Terocin pain relief lotion contains methyl salicylate, capsaicin, menthol, and lidocaine. The guidelines recommend the use of methyl salicylate and menthol as a topical agent. However, the use of Capsaicin is only recommended for patients who are intolerant or unresponsive to other treatments. The clinical documentation submitted for review does not provide any evidence that the patient has been unresponsive or intolerant to other treatments. Additionally, the guidelines state that "no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Also, lidocaine is not recommended for non-neuropathic pain. The clinical documentation submitted for review does indicate that the patient's pain is radicular in nature. Therefore, the use of Lidocaine for this type of pain would not be supported by guideline recommendations. Also, the Chronic Pain Guidelines recommend that the introduction of pain medications for the management of chronic pain be introduced one at a time. Therefore, a formulation of medication with multiple agents would not be indicated.

One (1) prescription of Hydrocodone/APAP 5/325 mg #90 between 6/21/2013 and 10/8/2013: 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 Opioids on-going management Page(s): 78.

Decision rationale: The patient does have pain complaints of the low back. The Chronic Pain Guidelines recommend that the continued use of opioids for chronic pain management be supported by documentation of pain relief, functional benefit, assessment of side effects, and monitoring for aberrant behavior. The clinical documentation submitted within the requested timeframe did not provide any evidence of significant pain relief, functional benefit, assessment of side effects, or evidence of monitoring for aberrant behavior.

One (1) med panel for hepatic and renal function, and CBC between 6/21/2013 and 10/8/2013: 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 NSAIDs, hypertension and renal function Page(s): 70.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has been taking medications for an extended duration. The Chronic Pain Guidelines state, "Routine suggested monitoring: Package inserts for NSAIDs recommend periodic lab

monitoring of a CBC and chemistry profile (including liver and renal function tests)." However, the clinical documentation submitted for review does not provide any evidence of a significant change in presentation that would support the need for this type of testing. Additionally, the submitted documentation during the requested time period does not establish that the patient has been on non-steroidal anti-inflammatory drug (NSAID) therapy for a duration that would require monitoring.