

Case Number:	CM13-0015307		
Date Assigned:	06/06/2014	Date of Injury:	05/04/2012
Decision Date:	07/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/22/2013

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 Neurological Surgery, 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 injured employee is a 45-year-old gentleman who states that he sustained a work-related injury on May 4, 2012. The most recent medical record available for review is dated July 18, 2013. On this date the injured employee states that his condition has been about the same or worse and that medications have been very helpful in decreasing his pain and spasms. It is noted that recent surgery was performed on September 6, 2012. The physical examination on this date noted a normal neurological examination of the upper and lower 70s with the exception of some weakness and numbness on the right side at L5 and S1. There is a positive right-sided straight leg raise and antalgic gait. There was tenderness to the lumbar spine and decreased lumbar spine range of motion. A lumbar spine incision is well-healed. Previous x-rays of the lumbar spine dated March 12, 2013 noted disc space narrowing at L4/L5 and L5/S1. An MRI of the lumbar spine dated April 11, 2013 noted degenerative disc disease at L4/L5 and L5/S1 with no evidence of recurrent disc herniation. There was a diagnosis of a right sided L4/L5 disc herniation status post decompression surgery, a lumbar strain, degenerative disc disease of L4/L5 and L5/S1, and post-laminectomy syndrome with current disc herniation. Treatment plans included refills of Teracin, Neurontin, Norco, Fexmid, and Ultram. A back brace was also provided. A utilization review dated August 19, 2013, denied the use of Terocin, Zofran, and Fexmid, and approved the usage of Neurontin, Norco, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TEROGIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Topical analgesics Page(s): 111.

Decision rationale: Terocin is a topical medication compound comprised of methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. The California MTUS chronic pain medical treatment guidelines does not endorse the use of topical analgesics other than those including anti-inflammatory agents, lidocaine, or capsaicin. Terocin lotion has additional compounds there are not recommended for usage. Considering this, the request for Terocin is not medically necessary.

RETROSPECTIVE ZOFRAN 8 MG #10: Upheld

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 : Official Disability Guidelines (ODG) Pain (Chronic).

Decision rationale: Zofran is an anti-emetic medication often used for side effects of chemotherapy as well as postoperative nausea and vomiting. The injured employee is not in chemotherapy ornate postoperative setting nor has there has been any justification in the attached medical record for an additional reason for the prescription of this medication. This request for Zofran is not medically necessary.

RETROSPECTIVE FEXMID 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Cyclobenzaprine Page(s): 41.

Decision rationale: Fexmid is a muscle relaxant recommend as an option for short courses of therapy. The attach medical record does not indicate that this medication has provided significant relief for the injured employee when used previously. Without prior efficacy established, additional refills of Fexmid is not medically necessary.