

Case Number:	CM13-0017191		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2005
Decision Date:	01/09/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/27/2013

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, has a subspecialty in interventional spinal 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 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 58-year-old with injury from 3/1/05, suffers from chronic neck and low back pain. The Utilization Review (UR) letter from 7/30/13 is reviewed with denials for Terocin lotion as lidoderm is not allowed for gel, lotion or cream forms per MTUS; Omeprazole denied as there was lack of GI risk documented; Norco was denied due to lack of documentation of any functional changes; and dorsal median branch blocks were denied as the patient reported radiation of pain and numbness down bilateral legs into the feet. Report by [REDACTED] 1/31/13 shows patient with persistent neck and back pain at 6-9/10, radiation of pain and numbness down both arms and hands. Dx: Chronic neck and back pain; cervical and lumbar radiculopathy, multi disc herniation of the C-spine with stenosis; multilevel disc herniations of the L-spine with stenosis. Norco and meds help decrease his pain and increases his activity level without side effects. MRI of L-spine showed multilevel degenerative disease and facet arthropathy with retrolisthesis, canal stenosis at multiple levels, and multi-level foraminal stenosis. C-spine ESI (epidural steroid injection), chiropractic care and meds were recommended. Prilosec was prescribed along with Norco, Pamelor. 2/28/13 report, meds help decrease pain and increase his activity level, denies side effects. Pain at 6-9/10. Report from 3/28/13, patient is receiving chiropractic care, Norco is at 6/day. No specifics are provided regarding patient's function and pain as they relate to his medication use. Dendracin cream is also prescribed. 5/7/13 report by the treater states that the patient is s/p ESI C-spine with 60-70% relief for over a month. 80% of pain is from low back. Norco is at 5/day, nortriptyline. Request was for facet diagnostic evaluation via DMB blocks at L3-4,4-5 and L5-1. Terocin cream was provided. Positive facet loading noted on lumbar spine, left greater than right. Listed dx: Cervical radiculitis, facet arthropathy, lumbar

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 4 oz. #1: Upheld

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

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

Decision rationale: Terocin contains methyl salicylate, Lidocaine, and Capsaicin. Salicylate is an NSAID (non-steroidal anti-inflammatory drug) which is indicated for peripheral joint arthritis and tendinitis. It is not indicated for neck or low back pain or radiculopathy. Lidocaine is used for neuropathic pain after other treatments have failed. In this patient, I do not see that the patient has tried such agents as antidepressants and/or Neurontin for radicular symptoms. Furthermore, gel, lotion or cream formulation of lidocaine is not supported by the Chronic Pain Medical Treatment Guidelines. While Capsaicin cream can perhaps be allowed, compounded topical creams must have all components that are supported. The request for Terocin lotion 4 oz. #1 is not medically necessary or appropriate.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, gastrointestinal (GI) risk stratification when patients are prescribed NSAID's is required, and the use of proton pump inhibitors is recommended when GI risks are identified. The treater has been prescribing Omeprazole without any explanation or rationale. The patient is not on any NSAIDs and there are no discussions regarding GI risk such as any cardiovascular problems, prior history of peptic ulcer disease, concomitant use of anticoagulation or ASA. There are no description of GI problems to determine the reasons for the use of Omeprazole. In this patient, the patient is not on NSAID so there is no GI risk. The treater does not explain why Omeprazole is being prescribed. The request for Omeprazole 20mg #30 is not medically necessary or appropriate.

Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88 - 89.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, regular assessment of pain, function and quality of life is required. The Chronic Pain Medical Treatment Guidelines also recommend numerical scale of functional status or use of validated instrument to assess functional changes due to opiate at least once every 6 months. Review of over 6 months of reports do not provide a single incidence of before/after pain scales, no mention of specific functional improvements or quality of life issues as related to chronic opiates use. For outcome measures, MTUS also requires, current pain level; average pain level; best pain level; time it takes for medication to take effect; duration of relief with medication; etc. None of this information is documented in any of the reports. As it is, one cannot tell whether or not Norco is helping or harming the patient. Chronic use of opiates can potential harm chronic pain patients via drug dependence and opioid induced hyperalgesia. The request for Hydrocodone/APAP 10/325mg #90 is not medically necessary or appropriate.

One medial branch block on the left L3-4, L4-5, and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309 Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic Evaluation Guidelines.

Decision rationale: According to the Official Disability Guidelines, only up to two levels of facet joint evaluations are recommended. Given the patient's low back pain, exam findings and MRI findings, facet diagnostic evaluation via dorsal medial branch blocks or facet intra-articular injections may be appropriate. In this case, the treater has asked for 3 levels of facet joint evaluation. MTUS does not discuss facet evaluations. The Low Back Complaints of the ACOEM Practice Guidelines do allow for facet evaluations and RF ablations but on a limited basis. ODG guidelines provide most comprehensive discussion regarding facet joint evaluation. Although the patient has radicular symptoms, it is possible for patients to suffer from both radiculopathy and facet joint syndrome. The request for one medial branch block on the left L3-4, L4-5, and L5-S1 is not medically necessary or appropriate.