

Case Number:	CM13-0017215		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2005
Decision Date:	01/07/2014	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, 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 59-year-old who reported a work-related injury on 03/01/05. The patient is a truck driver and stated the injury was due to him jumping out of a truck when his brakes failed. The patient complains of chronic low back and neck pain. He has undergone chiropractic and acupuncture therapy. His diagnoses include cervical and lumbar radiculopathy, HNP of the lumbar spine with stenosis, right shoulder and knee arthralgia, and multi-level HNPs of cervical spine with severe neural foraminal narrowing. The patient's medications include Norco, Prilosec, and Terocin. The patient received an epidural steroid injection to his cervical spine on 04/17/2013, which he stated helped decrease his pain significantly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 4oz # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical compounds that contain at least 1 drug that is not recommended will allow for the entire compound to be not recommended. Guidelines further state that topical formulations of lidocaine are not indicated for neuropathic pain or non-

neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The patient stated that the cream helped decrease his pain, increase his sleep, and decrease his oral medication use. It was also noted that the patient had a history of GI (gastrointestinal) upset with medication use, but he stated that the Prilosec helps to decrease his GI symptoms. A urine toxicology screen dated 12/14/2012 revealed positive findings for amitriptyline, nortriptyline, hydrocodone, hydromorphone, temazepam, and oxazepam. The patient was recommended to continue with chiropractic treatment and a repeat interlaminar epidural injection targeting C6 was ordered because of the significant benefit he had following the initial epidural injection on 04/17/2013. Methyl salicylates are not recommended for neuropathic pain and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The request for one prescription for Terocin lotion 4oz, #1 is not medically necessary and 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors Section..

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a patient is at risk for gastrointestinal events if they are over the age of 65 years, have a history of peptic ulcer or GI bleeding or perforation, currently use aspirin, corticosteroids and/or an anticoagulant or take high dose/multiple NSAID (non-steroidal anti-inflammatory drugs) medications. According to the submitted documentation, the patient does not meet the Guideline criteria for a proton pump inhibitor. The Official Disability Guidelines indicate that the use of a proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There was no documentation submitted stating the length of time the patient had been taking omeprazole. The patient also was not noted to have any signs or symptoms of gastrointestinal distress. The request for one prescription of Omeprazole 20mg, #30 is not medically necessary or appropriate.

Hydrocodone 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 Opioids, Ongoing Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate ongoing management of opioid use should include an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Per submitted medical documentation presented for review, there is no evidence

submitted of the patient's pain relief before and after taking the medication. There was also no evidence of the patient's functional improvement due to taking the medication hydrocodone. The patient was noted to submit to a random urine toxicology screen, yet there were no functional benefits noted which could be objectively measured due to the use of hydrocodone. The California Chronic Pain Medical Treatment Guidelines also recommend the continued use of Norco if there is functional improvement with medication use. Based on the provided clinical documentation, there is limited evidence of functional improvement in the subjective and objective findings. The request for one prescription for Hydrocodone 10/325mg, #90, is not medically necessary or appropriate.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Medical Branch Blocks..

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines state that facet joint diagnostic blocks are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. Per clinical documentation submitted, the patient was noted to have radicular findings of pain. The patient reported radiation of pain and numbness down bilateral legs into the feet with decreased sensations in motor strength. Guidelines further state that there should be documentation of failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The patient was not noted to have failed conservative care to include physical therapy, home exercise, and NSAIDs. The patient had undergone chiropractic and acupuncture treatments yet there was no documentation to include failure of physical therapy or home exercise. The clinical documentation submitted does not warrant the request for 1 medial branch block on the left L3-4, L4-5, and L5 S1. The request for on medial branch block on the left L3-4, L4-5, and L5-S1 is not medically necessary or appropriate.