MAXIMUS Federal Services

Case Number:	CM13-0021358		
Date Assigned:	11/08/2013	Date of Injury:	04/20/2004
Decision Date:	09/05/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 Pain Management 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 worker is a 56 year old right-hand dominant male with T7-T8 disc disease, disc protrusion, overlying myofascial pain, and trigger points. He also has a history of anxiety and depression. Based from the available progress reports from his health care provider from January 2013 through August 2013, his medication utility consists of Klonopin 0.5 mg t.i.d. as needed, Neurontin 600 mg two tablets b.i.d., Ambien CR 12.5 mg q h.s., pantoprazole 20 mg two tablets q.d., and naproxen 550 mg b.i.d. as needed. During his evaluation on August 7, 2013, the injured worker was noted to walk with a normal gait. He has 5/5 strength bilaterally in the iliopsoas, quadriceps, tibialis anterior, and toe flexors. He has negative bilateral straight leg raise with normal sensation in lower extremities. Persistent tenderness throughout the mid thoracic spine over the paraspinals and facet joints was appreciated. The injured worker's patient's health questionnaire (PHQ-9) score was 9/30, indicating minimal depression. His health care provider recommended continuation of his current medication regimen. He was also prescribed six bottles of topical terocin 120 g consisting of menthol, methyl salicylate, capsaicin, and lidocaine. A urine drug screen was performed to document medication utility.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24 Page(s): 24.

Decision rationale: A review of the available progress notes indicates the injured worker has been utilizing Klonopin since January 2013. The California Medical Treatment Utilization Schedule (MTUS) does not recommend the use of clonazepam for long-term use since long-term efficacy is unproven with an increased risk of dependence and tolerance to hypnotic and anxiolytic effects. Guidelines recommend limiting benzodiazepine use to 4 weeks. Therefore, the requested medication is considered not medically necessary for the injured worker at this time.

AMBIEN CR 12.5 MG Q HS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: Although the Official Disability Guidelines (ODG) does recommend the use of zolpidem as a first-line medication for insomnia, the indication is for short-term treatment of insomnia (7-10 days), showing effectiveness up to only five weeks. Review of the evaluation reports available, the injured worker has been utilizing zolpidem for approximately six months. The inured worker had a urine drug screen (UDS) done on August 8, 2013. Benzodiazepine and methamphetamine were confirmed and is consistent with the injured worker's drug regimen. However, zolpidem was negative. Therefore, the requested treatment is considered not medically necessary for the injured worker at this time.

PANTOPRAZOLE 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk, page 68 Page(s): 68.

Decision rationale: The medical records received have limited information to support the necessity of proton pump inhibitor therapy. There is a lack of evidence in the documentation available that indicates the injured worker's gastrointestinal complication. Further, the injured worker does not meet the criteria set forth by the guidelines that identify injured worker at risk for adverse gastrointestinal events. Therefore, it can be concluded that the medical necessity of the requested pantoprazole 20 mg is not medically necessary at this time.

TEROCIN 120 G EACH X 6 BOTTLES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111.Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics Page(s): 111.

Decision rationale: Terocin is a topical medication with a combination of active ingredients lidocaine and menthol. As per the California Medical Treatment Utilization Schedule (MTUS), this type of medication is indicated to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. In this injured worker's case, there is no evidence that recommended first-line medications such as anti-depressants or anti-convulsants have been tried and proven to have failed. There is also no evidence in the documentation available that the injured worker is contra-indicated to use oral medications. Terocin's active components, menthol and lidocaine, are not recommended as part of any compound formulations or is only limited to patches (lidocaine) as per guidelines. With regard to the component menthol, the ODG does not present any recommendation or support regarding this. The guidelines stipulate there is little to no research to support the use of many of these agents and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.