

Case Number:	CM13-0035081		
Date Assigned:	12/13/2013	Date of Injury:	01/15/1998
Decision Date:	02/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 Cardiology and is licensed to practice in Texas. 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. 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 patient is a 42-year-old male who reported injury on 01/15/1998 with the mechanism of injury being the patient was carrying a recliner up some stairs overhead and partially over his back and the recliner hit a wall, the patient lost his footing, twisted his back, and fell onto his knees. The patient was noted to be taking Norco, Ultram, and Ambien. The patient's diagnoses were noted to include: Status post right L3 and L4 rhizotomies; status post bilateral microforaminotomies; status post prior foraminotomy, right L5-S1; status post removal of hardware; status post pedicle screw fixation and decompression at L5-S1, and status post dorsal column stimulator with lead placement and battery pack repositioning; and a subsequent removal of the dorsal column stimulator. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Norco 10/325 mg #60: 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 Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's to support ongoing therapy. Given the above, the request for prospective prescription of Norco 10/325 mg #60 is not medically necessary.

Prescription Ultram ER 150mg #130: 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 Ultram (Tramadol), Ongoing Management Page(s): 78, 82, 93, 94, 113.

Decision rationale: CA MTUS states Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation indicated that the patient had worse back pain since his last visit. He was noted to complain of slight to intermittent moderate and occasionally severe low back pain. He was noted to complain of increasing right lower extremity pain and numbness and tingling in the right thigh. The clinical documentation submitted for review failed to provide documentation of the 4 A's to support ongoing therapy. As the patient was having increased pain, there was a lack of documentation of the efficacy of the medication. Given the above, the request for prospective prescription of Ultram ER 150 mg #130 is not medically necessary.

Prescription Ambien 10mg #30: Upheld

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

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

Decision rationale: Official Disability Guidelines indicates it is for the short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the patient would need the medication long-term. It failed to provide documentation of exceptional factors to warrant nonadherence to Guideline recommendations. Given the above, the request for prospective prescription Ambien 10 mg #30 is not medically necessary.

Prescription Terocin cream 120ml with 2 tubes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: Per drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. California MTUS addresses the components of Terocin. It states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments... Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain". California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of exceptional factors to warrant nonadherence to Guideline recommendations as lidocaine is not recommended as a topical except in the form of Lidoderm. Additionally, the patient was noted to be receiving a prescription of Lidoderm and there is a lack of documentation indicating the necessity for 2 forms of Lidoderm. Given the above, the request for prospective prescription Terocin cream 120 mL with 2 tubes is not medically necessary.