

Case Number:	CM13-0046814		
Date Assigned:	04/25/2014	Date of Injury:	04/21/2006
Decision Date:	06/13/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational 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 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 patient is a 57 year old male who was injured on 04/22/2006. Mechanism of injury is unknown. Prior treatment history has included physical therapy which gave him relief, chiropractic treatment which did not give him relief and acupuncture which gave him poor relief. The patient's medication regimen consists of Norco 2-3 a day, Lyrica bid, Cymbalta Q.D., Docusate H.S., Doxepin H.S., and Amitriptyline H.S. Pain was rated on 09/05/2013 to be 5/10. PR-2 Request for Authorization dated 08/20/2013 documented the patient's pain at 6-7/10. He is currently taking Cymbalta 90 mg, Elavil 10 mg, trazodone 50 mg, Norco 7.5/325 mg, Lyrica 150 mg and Senna. The CURES report dated 07/23/2013 is consistent. Request for Authorization include Mesh back support XL, Docusate, Terocin pain patch, Hydrocodone 7.5/325 mg. Doctor's First Report of Occupational Injury dated 09/11/2013 documented the patient denies any new injury. He reports low back pain and mid back pain in the left side. He reports he had a stimulator placed in 2011, which has helped decrease his pain and decrease his oral medications. He reports he is unable to work due to his severe pain. Medications on this visit include Hydrocodone, Cymbalta, Lyrica, Amitriptyline, Terocin patch. Objective findings on examination reveal the patient has chest pain/tightness, palpitations, and shortness of breath with normal activities, loss of bladder control, fever, chills, sweats, constipation and pain with bowel movements. PR-2 dated 09/25/2013 documented the patient with complaints of low back pain 5/5 on the pain scale with increased left leg numbness, tingling and pain to the toes. The patient reports that his spinal cord stimulator does help. Prior injection did not give him any relief. The patient is currently taking medications which made him occasionally nauseated. Objective findings on exam reveal he walks with the aid of a cane. He is tender to palpation in the L3-L4 region. There is decreased sensation on left L4 through S1 dermatome. Muscle testing is 4/5. Diagnoses are status post spinal cord stimulator placement; chronic pain; status post L4 through

S1 laminectomy fusion; and left postlaminectomy syndrome. Treatment Plan noted the patient's condition has taken a turn for the worst. UR report dated 09/25/2013 denied the request for Mesh Back Support as the documentation does not identify rationale behind the request or where this is to be used. The request for Terocin pain patch was denied because documentation does not describe well demarcated neuropathic pain that has failed the gamut of readily available oral agents. The request for hydrocodone/APA 7.5/325 mg was denied because documentation does not identify measurable analgesic benefit with the use of opioids. There is no documentation of a urine drug screen performed to monitor compliance and screen for aberrant behavior and no documentation of a signed opiate agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESH BACK SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS/ACOEM guidelines, state, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In this case, the patient is well beyond the acute stage. There is no indication from the requesting physician on how the mesh back support will benefit this patient's chronic pain symptoms. Therefore, the request for a mesh back support is medically necessary and appropriate.

TEROCIN PAIN PATCH BOX (10 PATCHES): Upheld

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

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

Decision rationale: The requested pain patch contains the ingredients lidocaine and menthol. According to the MTUS guidelines, "topical lidocaine in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." As the requested patch contains at least one drug class that is not recommended, the request cannot be supported. The request for Terocin pain patch box, 10 patches is not medically necessary and appropriate.

HYDROCODONE/APAP 7.5/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long Term Assessment, Page(s): 88.

Decision rationale: Based on the MTUS Guidelines, when determining the ongoing use of opioids, it should be noted if the diagnosis has changed, what other medications they are taking, whether they have had any pain or functional improvement, whether they are experiencing any adverse effects and continued drug screening. According to the medical records provided, the patient has been taking Norco 2-3 times per day since the PR-2 dated 05/30/2013. At that time the patient reported his pain levels at a 4-5/10. This pain level is unchanged in more recent PR-2's dated 09/05/2013. The medical records further document that the patients overall quality of life has not improved. There is no documentation of objective functional benefit due to use of Norco. Furthermore, the patient is not working. Therefore, the request for Hydrocodone/APA 7.5/325 mg, # 90 is not medically necessary and appropriate.