

Case Number:	CM13-0047468		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2005
Decision Date:	02/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/02/2013

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 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 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:

This is a 52 year old male was hired by [REDACTED] granite, marble, and stone wholesale and retail company, in August of 2005. He performed his usual and customary job duties as a general manager for several months without particular problems, and he denied significant difficulties referable to his spine until December 6, 2005. On that date, the patient was traveling on the [REDACTED], stopped in traffic, when he was reportedly struck by the car behind him that was traveling up to 90 miles an hour. He reports that he saw the car coming up on him in his rearview mirror and that he activated his brake lights and attempted to notify the driver. Apparently, the driver was engrossed in a cell phone conversation, and ultimately the other driver asserted that a piece of cardboard flew upon his windshield. In any event, this other vehicle attempted to stop but it was too late, and the patient's car was struck with such force that his vehicle reportedly flipped over. He asserted a loss of consciousness, and he was removed by paramedics and transported by ambulance to the [REDACTED], where he was evaluated and treated. Review of the medical file confirms that numerous diagnostic studies were accomplished and that none of them revealed any bony injuries or any severe injuries. In fact, the patient was released that evening from the hospital without even an overnight stay, and he was then discharged to [REDACTED] for further treatment. He was initially treated at [REDACTED], and he was subsequently referred to [REDACTED], and he was started on a course of physical therapy and provided numerous medications. An MRI of the cervical and thoracic spine was performed on February 14, 2006, which revealed underling degenerative disc disease, without evidence for any focal disc herniations or protrusions. An MRI of the lumbar spine was accomplished on March 14, 2006, and this revealed degenerative disc disease as well, but once again, there was no evidence for any focal disc herniations or protrusions. The patient was

recommended for a series of epidural injections, and these were accomplished at the [REDACTED] [REDACTED] over one and one-half-year period. The first injection was provided on March 30, 2006, and the last injection was provided on September 20, 2007. The patient received a variety of non operative therapeutic interventions, and it should be acknowledged that he was never recommended for surgery. According to documentation submitted by [REDACTED] on 4/24/2013, the patient complained of low back pain with bilateral lower extremity symptoms which was rated at a 6-8/10 on the pain scale. The patient also noted some increased left ankle and foot complaints and increased pain with range of motion of the left foot and ankle. Examination findings were remarkable for decreased range of motion in all planes of the lumbar and cervical spine with bilateral cervical spine paravertebral muscle spasm and positive lumbar paravertebral muscle spasm. Examination also revealed positive facet loading on the left C2-3 and C3-4 and positive straight leg raise test bilaterally in the S I distribution. Treatment to date has included epidural steroid injections, acupuncture, chiropractic care, physical therapy and medications for pain management which have provided some pain relief. At issue for lack of medical necessity is prospective request for I interlaminar epidural steroid injection at L5-S1 bilaterally, 1 prescription of Norco 10/325mg, 1 prescription of Omeprazole 20mg, and 2 prescriptions of Medrox patches #1 (5 patches).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Terocin patches #1 box (5 patches per box) with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While MTUS Guidelines would support a Capsaicin formulation, the above compounded topical medication is not recommended. According to the MTUS Chronic Pain Guidelines, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Consequently, the request for Terocin patches #1 box with 2 refills is not medically necessary and appropriate.