

Case Number:	CM13-0047786		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2004
Decision Date:	03/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 New York and Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 53-year-old female who reported an injury on 07/30/2014 resulting from frequent bending and stooping, as well as lifting trash bags between 30 to 40 pounds. It was reported the patient had left lateral knee pain, which radiated distally and proximally. The patient underwent a nerve conduction study on 08/10/2007, which had findings of abnormal evidence consistent with left knee and left ankle peroneal nerve peripheral neuropathy clinically correlating at the left knee. The findings further stated there were findings of right knee peroneal nerve peripheral neuropathy. The patient was seen on 09/16/2013, which noted the patient had ongoing neck and low back pain which she rated from 6/10/ to 7/10 on the pain scale. The documentation noted the patient stated that her pain radiated down her left arm into her forearm, as well as down her left leg into her ankle. The patient's current treatment was tramadol 50 mg 2 times a day, Terocin patches which she used to decrease pain, and the patient was encouraged to stop taking Prilosec. The documentation noted the patient had an MRI on 04/18/2012 of the lumbar spine, which was not submitted for review but was noted to have findings of degenerative disc disease with transitional anatomy and retrolisthesis at L5-S1, and L5-S1 moderate canal stenosis was present with severe bilateral neural foraminal narrowing with contact of the exiting L5 nerve root suggested. The documentation states the patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Terocin patch (10 patches): 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): 111-112.

Decision rationale: The request for 1 prescription of Terocin patch (10 patches) is non-certified. The documentation submitted for review indicated the patient had left lumbar radiculopathy as the primary diagnosis, and a secondary diagnosis of cervical radiculopathy. Topical analgesics are recommended as long as all products contained in the topical analgesic are recommended. The California MTUS Guidelines state any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Terocin patches include capsaicin, which is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted for review did not indicate the patient was intolerant of other treatments. There was no documentation submitted for review indicating the patient had not responded to medicinal treatment. Given the information submitted for review, the request for 1 prescription of terocin patch (10 patches) is non-certified.

1 prescription of Tramadol 50mg, #30 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 Opioids Page(s): 78-80.

Decision rationale: The request for 1 prescription of tramadol 50 mg, #30 with 2 refills, is non-certified. The documentation submitted for review indicated the patient rated her pain from 6/10 to 7/10 on the pain scale. It was not indicated if the patient had currently taken medication, or if that was without medication. The California MTUS Guidelines state that ongoing monitoring should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant or non-adherent drug-related behaviors when using opioids. The documentation submitted for review failed to indicate the patient's analgesic effect with the medications prescribed. Per the documentation submitted for review, the patient was able to walk further and do more around the house with these medications. The California MTUS Guidelines state that patients should continue opioids if the patient has returned to work. The patient did not have documentation supporting the patient had returned to work. The California MTUS Guidelines further state that continuation of opioids is recommended if the patient has improved functioning and pain. As noted previously, the patient's analgesic effect with medications was not submitted for review. The documentation submitted for review further noted the patient was permanent and stationary. The California MTUS Guidelines state that discontinuation of opioids should occur should the patient have no overall improvement in function, unless there are extenuating circumstances. The document submitted for review failed to indicate extenuating circumstances for the continuation of this medication. The guidelines additionally state that opioid use for chronic back pain should be limited for short term pain relief. The documentation submitted for review did not indicate how long the patient had been

taking the medication for pain. Given the information submitted for review, the request for 1 prescription of tramadol 50 mg, #30 with 2 refills, is non-certified.

3 month follow-up: Upheld

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

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, Office Visits

Decision rationale: The request for 3 month follow-up is non-certified. Official Disability Guidelines state office visits are recommended as determined to be medically necessary. It further states that evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker. The documentation submitted for review noted the patient was permanent and stationary per the primary treating physician. As the patient's medications and treatment was discontinued, and the patient's overall function was at its maximum medical improvement, there is no supporting documentation needed for a follow-up appointment. Given the information submitted for review, the request for 3 month follow-up is non-certified.