

Case Number:	CM13-0048395		
Date Assigned:	12/27/2013	Date of Injury:	05/22/2008
Decision Date:	03/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 patient is a 60 year old male who sustained an injury of 05/22/08 while helping load blocks. The records documented previous lumbar spine surgery in 2008, and abnormal electrodiagnostics, which suggested a peripheral polyneuropathy. Conservative treatment was documented to include epidural steroid, narcotic medicines, Gabapentin. There was recommendation for a spinal cord stimulator trial, but it does not appear that this has been performed. Surgery was recommended but was declined by the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch box (#10 patches): Upheld

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

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

Decision rationale: The requested Terocin patch is formulated with 4% Lidocaine and 4% Menthol. The MTUS Chronic Pain Guidelines do not allow for the use of compounded formulations if one of the medications is not recommended. Lidocaine is recommended only in

the form of Lidoderm transdermal patch and not in any other formulation, according to the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

Docuprene 100mg tablet #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, and the National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,88.

Decision rationale: Docuprene is utilized for treatment of constipation typically associated with narcotic medicines. Although guidelines recommend this treatment as a prophylactic measure when initiating opioid therapy the medical necessity for the continuation of any given medication would need to be established with supportive documentation of clinical need and efficacy with the treatment and that has not been accomplished within the medical records. The request is not medically necessary and appropriate.

Orphenadrine Citrate 100mg ER #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 Muscle relaxants Page(s): 63.

Decision rationale: The skeletal muscle relaxant of Orphenadrine Citrate cannot be supported due to the chronicity of this symptomatology and lack of recent aggravation. According to the medical records provided for review, these medicines are reserved for acute symptomatology and flares, but not for chronic treatment of pain. Consequently, the request is not medically necessary and appropriate.

Hydrocodone/APAP 10/325mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The narcotic medicine of hydrocodone/APAP cannot be supported due to the chronicity of this symptomatology and lack of recent aggravation. MTUS Chronic Pain Guidelines allow for use of narcotics in the lowest dose possible to improve pain and function with the requirement that ongoing assessment of the 4 A's be carried out to ensure that there is not misuse, as well as to document efficacy and any side effects. These things are not clearly

stated within the records provided for review. The request is not medically necessary and appropriate.