

Case Number:	CM13-0048464		
Date Assigned:	12/27/2013	Date of Injury:	06/17/2009
Decision Date:	06/16/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal Medicine, 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 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 60 year old female with history of injury to her back when she tried to lift trash bags and experienced sudden onset of back pain on 6/17/09. She then sustained a fall on sand on 8/1/2009. She had knee pain since that fall. An MRI done on 8/11/12 showed retrolisthesis and bilateral foraminal stenosis and nerve impingement. She has also had foot drop. She has received physical therapy, Pain medications, evaluation for fusion surgery, and repeated courses of oral medications since then. Her last note from Orthopedic and spine surgery, the treating physician states she continues to have pain with extension to her lower extremities. There is progressive neurological deficit and foot drop present. Seated nerve root test is positive and dysthesis at L5- S 1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUAZEPAM 15MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommended Benzodiazepines for long term use as efficacy is unproven and risk of dependence is high. Based on the patient's last psychiatric evaluation, she needs treatment for her depression and generalized anxiety disorder with other drugs with less dependence potential. First line agents have not been tried which would also be adjunctive to treating neuropathic pain. As such the request is not medically necessary and appropriate.

TRAMADOL HYDROCHLORIDE ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Tramadol Page(s): 84.

Decision rationale: According to the MTUS Chronic Pain Guidelines, this medication is a synthetic opioid analgesic not recommended as first line of therapy. The MTUS Chronic Pain Guidelines indicate "there are no long-term studies to allow for recommendations for longer than three months."According to the medical records provided for review, the patient's pain seems to be more neuropathic in nature. Based on the medical records provided for review, and the MTUS Chronic Pain Guidelines' recommendations, the request is not medically necessary and appropriate.

TEROCIN PATCH #10: Upheld

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

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

Decision rationale: Teroцин patches contain Lidocaine. The MTUS Chronic Pain Guidelines indicate topical Lidocaine is recommended only after there has been evidence of a trial of first-line therapy. The medical records provided for review do not indicate a failure of a first-line therapy trial, as recommended by the MTUS Chronic Pain Guidelines. The request is therefore not medically necessary and appropriate.