

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0050884 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/20/2005 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and left ankle pain reportedly associated with an industrial injury of June 20, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; topical agents; and apparent return to work. In a utilization review report of October 30, 2013, the claims administrator approved a referral to a physiatrist, approved a request for Norco, approved a request for trazodone, approved a request for Topamax, denied a request for Soma, denied a request for Ambien, denied a request for Terocin, and denied a request for LidoPro. The applicant's attorney subsequently appealed. A clinical progress note of December 13, 2013 is notable for comments that the applicant reports persistent multifocal pain complaints, highly variable, ranging from 1/10 to 10/10. The applicant is having issues with sleep disturbance and is apparently using trazodone for the same. The applicant is hypertensive. The applicant continues to smoke half a pack of cigarettes a day. The applicant is described as working full time as a receptionist. She is given refills of Norco, Soma, trazodone, and Topamax. In an earlier note of October 18, 2013, the attending provider did refill a variety of agents, including Norco, Soma, Ambien, Terocin, Topamax, and LidoPro. It was again stated that the applicant was working full time and was making a concerted effort to remain functional. The applicant felt that facet joint injection therapy has been helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG QUANTITY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: No, the request for Soma 350 mg is not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is using an opioid agent, Norco. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request is not certified, on independent medical review.

TEROCIN PATCH (PROSPECTIVE NEXT VISIT) QUANTITY 20.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Similarly, the requests for Terocin patches are likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin which are, as a class, deemed "largely experimental," as suggested on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant is using Norco, trazodone, Topamax, and other oral pharmaceuticals, obviating the need for Terocin. Therefore, the request is not certified, on independent medical review.

AMBIEN 10MG QUANTITY 15.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

Decision rationale: The request for Ambien 10 mg is likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, Zolpidem Topic, zolpidem or Ambien is recommended only in the

short-term treatment of insomnia, typically on the order of two to six weeks. It is not recommended for chronic, long-term, and/or scheduled use purposes for which it is being proposed here. Therefore, the request is likewise non-certified, on independent medical review.

SOMA 350MG (PROSPECTIVE FOR NEXT VISIT) QUANTITY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29.

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

Decision rationale: The request for Soma is prospectively not certified, on independent medical review. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is using an opioid agent, Norco. Adding carisoprodol or Soma to the mix is not recommended, for all the stated reasons. Therefore, the request is likewise not certified, on independent medical review.

LIDOPRO LOTION 4 OZ (PROSPECTIVE FOR NEXT VISIT) QUANTITY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for LidoPro lotion is likewise not medically necessary, medically appropriate, or indicated here. As with the request for Terocin, the MTUS Guideline in ACOEM Chapter 3, page 47, deems oral pharmaceuticals are the most appropriate first-line palliative method. In this case, the applicant's seeming successful usage of several first-line oral pharmaceuticals, including Norco, Topamax, trazodone, etc., effectively obviates the need for topical agents such as LidoPro, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is likewise not certified, on independent medical review.