

Case Number:	CM13-0059001		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2009
Decision Date:	04/04/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The patient is a 32-year-old male who reported an injury on 08/24/2009. The mechanism of injury involved heavy lifting. The patient is diagnosed with right leg L5 radiculitis, right sacroiliitis, facet arthropathy of the lumbar spine, and bilateral neural foraminal narrowing. The patient was seen by [REDACTED] on 08/14/2013. The patient reported ongoing pain in the lower back and right lower extremity. The patient's physical examination revealed limited lumbar range of motion, diminished sensation on the right L3-S1 dermatomes, and 4/5 strength in bilateral lower extremities. Treatment recommendations included continuation of current medications and updated lab results.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Terocin Patch box (10 patches): Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the Chronic Pain Medical Treatment Guidelines, the request is not medically necessary.

The request for 1 medication Safety Panel to include CBC, Kidney Function and Liver Function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other medical treatment guidelines: National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: Chronic Pain Medical Treatment Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of medication. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Repeat testing should be based on patient risk factors and related symptoms. As per the documentation submitted, the patient does not exhibit any signs or symptoms that would suggest an abnormality due to medication use. Therefore, the medical necessity has not been established. As such, the request is medically necessary.

The requested treatment for Oxy IR 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: Chronic Pain Medical Treatment Guidelines state a therapeutic trial of Opioids should not be employed until the patient has failed a trial of non Opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a satisfactory response to treatment. As such, the request is not medically necessary.

The requested treatment for OxyContin 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: Chronic Pain Medical Treatment Guidelines state a therapeutic trial of Opioids should not be employed until the patient has failed a trial of non Opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a satisfactory response to treatment. As such, the request is not medically necessary.