

Case Number:	CM13-0060074		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2008
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 Pain Management, has a subspecialty in Interventional Spine 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 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 available records for this IMR did not include any medical records from the treating physicians. According to the IMR application, there is a dispute with the 11/27/13 UR decision for medications. The 11/27/13 UR letter is from Rising UR, and recommends denial for Carisoprodol (Soma), authorization for Tizanidine (Zanaflex), authorization for Norco, authorization for Exalgo; denial for methylprednisolone 4mg; denial for Lidoderm patch; denial for Terocin lotion; denial for Ibuprofen; and denial for Butrans patch. According to the UR letter, the patient is 55 years-old and was working as a painter/foreman when he fell about 3 feet on 2/12/08 and injured his back, neck and shoulders, and developed insomnia, depression and anxiety. He had prior lumbar injury and surgery in 1997. He had history of hepatitis C and history of substance abuse and underwent treatment in 2001. He had been on ibuprofen and hydrocodone since 3/10/08, and Soma since 3/27/09. Lidoderm patches since 12/8/11 and methylprednisolone from 3/8/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg 3 x per day: 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 Relaxant Page(s): 63-66.

Decision rationale: Limited information is available for this IMR. There are no medical reports from the treating or prescribing physicians. The UR letter states the patient has been using Soma since 3/27/2009. MTUS guidelines specifically state this medication is not recommended for use longer than 3 weeks. Continued use of Soma over 5-years is not in accordance with MTUS guidelines.

Methylprednisolone 4mg (As Directed): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids

Decision rationale: Limited information is available for this IMR. There are no medical reports from the treating or prescribing physicians. The UR letter states the patient has been using methylprednisolone since 3/2012. ODG guidelines state Oral corticosteroids are: " Not recommended for chronic pain." the request is not in accordance with ODG guidelines.

Lidoderm 5%, 2 Patches: 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 Lidoderm, Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 56-57, 111-.

Decision rationale: Limited information is available for this IMR. There are no medical reports from the treating or prescribing physicians. The UR letter states the patient has been using Lidoderm patches since 2011. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" , and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The UR letter did not mention any functional benefit with medications, no decreased pain, improved function or improved quality of life. This is not a satisfactory response, and MTUS does not recommend ongoing treatment that is not producing satisfactory results.

Terocin Lotion (Daily): 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 Lidoderm, Topical Analgesics page Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 56-57,.

Decision rationale: Limited information is available for this IMR. There are no medical reports from the treating or prescribing physicians. I have been asked to review for Terocin lotion. Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or anticonvulsants and MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin contains topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria

Ibuprofen 600mg (As Needed): 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 Anti-inflammatory medications and Pain Outcomes and Endpoints Page(s): 22 , 8-9.

Decision rationale: Limited information is available for this Independent Medical Review (IMR). There are no medical reports from the treating or prescribing physicians. MTUS does support use of anti-inflammatory medications for chronic low back pain. The Utilization Review (UR) letter states the patient has been on ibuprofen since 2008. However, there are no medical reports available that document efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of ibuprofen. MTUS does not recommend continuing treatment if there is not a satisfactory response.

Butrans 10meg/hr (1 Patch Daily): 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 Buprenorphine Page(s): 26-27.

Decision rationale: Limited information is available for this IMR. There are no medical reports from the treating or prescribing physicians. MTUS states butrans is an option for chronic pain,

especially after detox. The UR letter did mention a history of substance abuse with treatment in 2001. However, there are no medical reports available that document efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of ibuprofen. MTUS does not recommend continuing treatment if there is not a satisfactory response.