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| Case Number: | CM13-0061528 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/06/2013 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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 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 neck pain reportedly associated with an industrial injury of May 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from previous providers in various specialties; various topical agents; unspecified amounts of physical therapy; extensive periods of time off of work; and MRI imaging of lumbar spine notable for low-grade disk bulges of uncertain clinical significance. In a Utilization Review Report of November 18, 2013, the claims administrator denied a request for Lidopro, Desyrel, and Terocin. The applicant's attorney subsequently appealed. A pain management note of June 19, 2013 is notable for comments that the applicant recently developed anxiety owing to ongoing pain issues. In a November 1, 2013 progress note, which has apparently been truncated as a result of repetitive faxing and scanning, it is stated that the applicant is having bilateral shoulder issues. The applicant has gained 10 pounds, is not working, and is apparently having issues with depression which are growing worse. A July 1, 2013 progress note is notable for comments that the applicant reports persistent low back pain while physical therapy note of July 16, 2013 is notable for comments that the applicant reports persistent low back pain and lower extremity paresthesias. A July 25, 2013 note is notable for comments that the applicant is having ongoing issues with insomnia, depression, and gastritis. The applicant was described as using Tegretol, Naprosyn, and Tylenol. The applicant does have a history of epilepsy and is using Tegretol for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL LIDOPRO CREAM: 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 Page(s): 112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended in the treatment of localized peripheral pain/neuropathic pain in those individuals in whom there has been a trial and/or failure of first line antidepressants and/or anticonvulsants. In this case, while the applicant may have some elements of neuropathic pain, there has been no clear evidence that antidepressants have been tried and failed. An antidepressant, trazodone, has been certified below, effectively obviating the need for Lidopro cream. The request for topical Lidopro cream is not medically necessary or appropriate.

TEROCIN PATCHES, 20 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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

Decision rationale: According to the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, according to the Chronic Pain Medical Treatment Guidelines, "largely experimental." The applicant was described on July 25, 2013 progress note as using oral Naprosyn and Tylenol without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the Terocin patches in question. The request for Terocin patches, 20 count, is not medically necessary or appropriate.

TRAZADONE 50 MG, 60 COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: According to the Stress Related Conditions Chapter of the ACOEM Practice Guidelines, antidepressants such as trazodone may take "weeks" to exert their maximal effect. In this case, the applicant is having ongoing issues with depression, stress, and anxiety for which ongoing usage of trazodone, an antidepressant, is indicated and appropriate. It is further noted

that the Chronic Pain Medical Treatment Guidelines recommend antidepressants such as trazodone as a "first line option" for neuropathic pain, reportedly present here. The applicant does have ongoing issues with chronic low back pain radiating to legs. Usage of trazodone is particularly appropriate to combat the applicant's ongoing issues with chronic pain, depression, anxiety, and insomnia. It is supported both by ACOEM Guidelines for depression and by the Chronic Pain Medical Treatment Guidelines for chronic pain. Therefore, the original utilization review decision is overturned. The request for Trazadone 50 mg, 60 count, is medically necessary and appropriate.