

Case Number:	CM13-0070303		
Date Assigned:	01/03/2014	Date of Injury:	05/24/2010
Decision Date:	04/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 58-year-old female who reported injury on 05/24/2010. The mechanism of injury was not provided. The patient's medications included omeprazole since 02/2013. The documentation of 08/20/2013 revealed the patient had been taking Tramadol, Pamelor, and Prilosec as well as Medrox patches. The patient indicated the medications helped the patient decrease her pain by about 50% and temporarily allowed the patient to increase her walking distance by about 30 minutes. The patient denied side effects. The patient was diffusely tender throughout the cervical, thoracic and lumbar region. The patient had positive paraspinal spasms in the left trapezius. The patient had decreased sensation at the left C3 dermatome and L4-S1 dermatomes. The left TA, EHL, INV, and EV were 4+/5. It was indicated the patient had an MRI on 02/17/2013 which revealed the patient had DDE with facet arthropathy and grade I anterolisthesis at L3 through L5. There was neural foraminal narrowing at L4-5 that was mild to moderate bilaterally and at L5-S1 there was mild neural foraminal narrowing. The patient's diagnoses were noted to include cervical and lumbar radiculopathy, multiple cervical and lumbar disc protrusions, chronic mid back pain and osteoarthritis bilateral knees. The request was made for Tramadol ER, Pamelor, Prilosec, and Terocin patches as well as an epidural steroid injection at bilateral L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCH BOX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.
Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the patient had trialed antidepressants and anticonvulsants. It was indicated the patient was taking Medrox and that this was a refill of Terocin. However, there was a lack of documentation indicating the duration of time the patient had been on Terocin. The request as submitted failed to indicate the strength or the quantity being requested. Given the above, the request for Terocin pain patch box is not medically necessary.

OMEPRAZOLE 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient had been taking the medication since 02/2013. There was lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the patient had signs and symptoms of dyspepsia. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for omeprazole 20 mg is not medically necessary.

PHYSICAL THERAPY VISITS X 8 VISITS CS AND LS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines recommend physical medicine treatment for a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had previously had approximately 12 visits of physical therapy, 24 visits of chiropractic treatment, and 24 visits of acupuncture. However, there was a lack of documentation indicating that the patient had objective functional benefit received from the physical therapy. There was a lack of documentation indicating the functional deficits to support ongoing therapy. Given the above, the request for physical therapy visits x8 visits CS and LS is not medically necessary.

BILATERAL EPIDURAL INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injections for patients who have documented objective findings upon examination that are corroborated by imaging studies and that is initially unresponsive to conservative care. The clinical documentation submitted for review indicated the patient had objective findings upon examination. However, there was a lack of documentation including an official MRI reading and there was a lack of documentation indicating the patient had failed original conservative therapy. The request as submitted failed to indicate the level for the requested injection. Given the above, the request for bilateral epidural injections is not medically necessary.