

Case Number:	CM13-0071547		
Date Assigned:	01/08/2014	Date of Injury:	10/19/2003
Decision Date:	06/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas & 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 injured worker is a 43-year-old female who reported an injury on 10/19/2003. The injured worker was standing looking at a balance and noting the weight displayed on a card when a forklift came behind her and hit her in the back of her left foot which caused an amputation of her left heel. The injured worker subsequently underwent ankle surgery. The injured worker's medication history included opiates, treatment for constipation, muscle relaxants, antidepressants, PPIs and benzodiazepines in 2012 and topical patches in early 2013. The documentation of 09/18/2013 revealed the injured worker had low back pain. The Norco, Elavil, and Zanaflex decreased the injured worker's pain and normalized function. The Omeprazole and Senna helped with GI complaints. It was indicated that the injured worker underwent injections in 2011 including a left SI joint block. It was indicated that the block helped the injured worker. It was documented that the injured worker was tentative to move forward with a bilateral medial branch nerve block. The pain was in the low back and radiated to the left lower extremity and down to the heel. The injured worker indicated she had some numbness and tingling associated with the left lower extremity pain. The pain was rated 8/10. The injured worker indicated medication alleviates her pain. Physical examination revealed tenderness to palpation over the bilateral lumbar facet joints and positive facet loading. There was positive bilateral Faber's sign. There was decreased range of motion in the lumbar spine and 4+/5 strength in the lower extremity. There was decreased sensation to light touch in the L5 dermatomal distribution in the left leg and motor sensation was intact in the right leg. The diagnoses included facet arthropathy bilateral, lumbar spondylosis and myofascial pain. The treatment plan included a medial branch block at L4-5 and L5-S1. The physician indicated if the block was positive, the injured worker would be appropriate for a rhizotomy. The injured worker indicated she would like to hold off on procedures and continue with medications. The refill of the medications included Norco 10/325

four times a day as needed #120, Zanaflex 4 mg 1 tablet by mouth twice a day as needed #60, Elavil 25 mg at bedtime #60, Prilosec 20 mg daily as needed #30, Docuprene 100 mg twice a day as needed #60 and the injured worker underwent a urine drug screen that was appropriate for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TEROGIN PATCH #1 BOX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics 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; 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 dailymed.nlm.nih.gov, Terogin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to indicate the injured worker had a trial of antidepressants and anticonvulsants that had failed as the injured worker was noted to be on an anti-depressant at the time of request. Topical Lidocaine is not approved unless it is in a Lidoderm patch. The clinical documentation indicated the injured worker had been treated with topical patches since early 2013, there was lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Terogin patch #1 box is not medically necessary.

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management, Opioid Dosing, Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence that the patient is being monitored for aberrant drug

behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of objective improvement in function and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Hydrocodone/APAP 10/325 #120 is not medically necessary.

1 MEDIAL BRANCH BLOCK AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block.

Decision rationale: ACOEM Guidelines indicate that a facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address medial branch diagnostic blocks, secondary guidelines were sought. Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. The clinical documentation submitted for review indicated the injured worker had decreased sensation in the L5 dermatome of the left leg sensory examination and had 4+/5 strength in the left lower extremity. There was no documentation of a normal straight leg raise exam nor conservative treatment for 4 to 6 weeks prior to the request. Given the above, the request for 1 medial branch block at L4-5 and L5-S1 is not medically necessary.