

Case Number:	CM13-0072118		
Date Assigned:	01/08/2014	Date of Injury:	08/30/2004
Decision Date:	04/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation, 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 patient is a 54-year-old male who was injured on 08/30/2004. The mechanism of injury is unknown. The treatment history included medications which include Tramadol, Cyclobenzaprine, Protonix, and Diclofenac. The patient underwent anterior lumbar interbody fusion on 04/13/2010. The diagnostic studies reviewed include urine toxicology report dated 11/21/2013 revealing the presence of hydrocodone and hydromorphone which confirms Norco as well as oxazepam, nordiazepam, Temazepam, and Tramadol. Progress note dated 04/12/2013 documented the patient to have complaints of low back pain. Objective findings on exam of lumbar spine revealed tenderness to the back with muscle spasm. The patient was given morphine sulfate intramuscular, Toradol intramuscular, Benadryl IM (intramuscular). Progress report (PR-2) dated 05/13/2013 documented the patient to be status post anterior lumbar interbody fusion (ALIF) L5-S1. Objective findings on exam revealed decreased range of motion of the lumbar spine with spasm. PR-2 dated 05/20/2013 documented the patient with complaints of low back pain rated at 6/10. Objective findings on exam reveal tenderness to the lumbar spine with spasm and decreased range of motion. Neurological exam was within normal limits. PR-2 dated 08/12/2013 documented the patient to be status post ALIF L5-S1. Objective findings on exam revealed decreased range of motion of the lumbar spine with spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 ULTRAM 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115-116, Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 72-94.

Decision rationale: As per CA MTUS guidelines, (Tramadol) Ultram is synthetic opioids affecting the central nervous system and is recommended for moderate to severe pain. The guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The records review indicates that this patient has chronic lower back pain and has been prescribed opioids chronically. The recent notes indicate that his pain level has increased from 6 to 8-9/10 with no documentation of objective functional improvement with the use of this medication. This patient is also taking Norco and guidelines indicate that Tramadol may increase the risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), and other opioids. As such, the request for Ultram is non-certified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

60 NORCO 5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115-116, Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 72-94.

Decision rationale: As per CA MTUS guidelines, Norco is recommended for moderate to moderately severe pain. The guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The records review indicates that this patient has chronic lower back pain and has been prescribed opioids chronically. There is a note dated 02/25/2013 indicates that Norco has been weaned off. The recent notes indicate that his pain level has increased from 6 to 8-9/10 with no documentation of objective functional improvement with the use of this medication. As such, the request for Norco is non-certified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

TEROCIN 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Disability Guidelines (ODG)

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

Decision rationale: Terocin contains methyl Salicylate, capsaicin, Lidocaine, and menthol. As per CA MTUS guidelines, topical Lidocaine in the formulation of a dermal patch is Food and Drug Administration (FDA) approved for neuropathic pain; however, topical formulations of Lidocaine (whether creams, lotions, or gels) are not indicated for neuropathic pain. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Terocin 120 ml is not medically necessary and non-certified.