

Case Number:	CM14-0003559		
Date Assigned:	01/31/2014	Date of Injury:	06/27/2012
Decision Date:	06/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiologist has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 06/27/2012. The mechanism of injury was not provided in the documentation. Per the electromyogram dated 04/04/2013 of the bilateral lower extremities, the injured worker was found to have acute and chronic degenerative changes within the paraspinal musculature as well as the extremities involving L4-5 and to some degree S1 nerve roots greater on the left. An MRI of the lumbar spine was done on 04/02/2013. The impressions were that there was diffuse circumferential disc bulge at L3-4 measuring 1 mm. Broad-based central disc protrusion at L4-5 measuring approximately 3 mm to 4 mm, AP with mild to moderate central spinal canal stenosis and moderate narrowing of the caudal margin of the neuroforamina bilaterally. There is no significant facet arthropathy. There is a 1 mm to 2 mm disc bulge at L5-S1. Per the examination dated 10/02/2013, the injured worker complained of continuing pain to his head, back, legs, and left side of his neck and arm. The injured worker stated the pain was sharp in the head, neck, back, and legs. The injured worker reported aching, popping, and burning in the head, burning in the neck, back, arms, and legs, stabbing in the neck and back, and pins and needles in the neck, back, arms, and legs. The injured worker stated he had constant pain that was severe, he has frequent numbness. The injured worker reported his pain at a 7/10, and the pain averages from 7/10 to 10/10. The request for authorization for medical treatment was not included in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCH BOX (10 PATCHES) #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 112-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lidocaine Page(s): 105,111-112.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain and is also used off label for diabetic neuropathy. No other commercially approved topical formulation of Lidocaine is indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical salicylate is recommended (e.g., Ben-Gay, methyl salicylate) as it is significantly better than placebo in chronic pain. The Terocin patch contains methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Therefore, given the formulation of Lidocaine in the requested Terocin patch is not supported and given there is a lack of information provided supporting the injured worker has not responded to or is intolerant to other treatments to support the use of Capsaicin, the requested Terocin is not supported. Therefore, the request for the Terocin pain patch box of 10 patches #3 is not medically necessary.

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 79-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 75, 77-78.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines opiates are seen as an effective method of controlling chronic pain. They are often used for intermittent and breakthrough pain; however, for continuous pain, extended release opioids are recommended. 4 domains have been proposed for ongoing monitoring of chronic pain: Side effects, pain relief, physical, and psychosocial functioning and the occurrence of any aberrant behavior. The monitoring of these outcomes over time should affect therapeutic decisions and provide the framework of documentation of the clinical use of these controlled drugs. There was a lack of documentation regarding the use of this medication and the efficacy of that medication. There were no urine drug screens to determine if the injured worker was using the medication properly. There was a lack of documentation regarding clinical, physical, and psychosocial functioning improvements while on this medication and any side effects that the injured worker experienced.

Also, the frequency of the medication was not provided in the request submitted. Therefore, the request for the Norco 10/325 mg #90 is not medically necessary.

ONDANSETRON 4MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ondansetron).

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

Decision rationale: Per Official Disability Guidelines ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. This medication is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and for gastroenteritis. There is a lack of documentation that the injured worker had any of the above complaints. There a lack of documentation noting any chemotherapy or radiation treatment. There was a lack of documentation showing the injured worker had any recent surgery or had been diagnosed with gastroenteritis. Therefore, the request for the ondansetron 4 mg quantity of 30 is not medically necessary.