

Case Number:	CM14-0003873		
Date Assigned:	02/03/2014	Date of Injury:	12/15/2008
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 patient is a [REDACTED] employee who has filed a claim for neck sprain and sciatica associated with an industrial injury of December 15, 2008. Thus far, the patient has been treated with anti-inflammatories, muscle relaxants, Gabapentin, opioids, Medrox patches, Terocin cream, bracing, hot and cold wrap, right sacroiliac joint injection, epidural injection, TENS, and chiropractic therapy. A review of progress notes reports constant low back pain, more on the left, radiating to the buttock. There is also left thigh ache. Findings include slight spasms of the left lumbar region and slightly decreased range of motion, and slight left sacroiliac pain upon provocative testing. The patient also has carpal tunnel syndrome, internal derangement of both knees, and issues with sleep, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on pages 78-81 of the MTUS Chronic Pain Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since July 2013. A progress note from October 2013 reports that the patient is to be slowly weaned off Norco, but a note from January 2014 reports that the patient was unable to tolerate the pain with decreased Norco. There is no documentation regarding periodic urine drug screens to assess appropriate medication use. Also, the requested quantity is not specified. Therefore, the request for Norco 10/325mg is not medically necessary and appropriate.

FLEXERIL 7.5 MG #60: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: As stated in the MTUS Chronic Pain Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since July 2013. This medication is not recommended for long-term use and the patient does not present with acute exacerbations of the low back pain. Therefore, the request for Flexeril is not medically necessary and appropriate.

TRAMADOL 150MG #30: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. 93-91.

Decision rationale: As noted in the MTUS Chronic Pain Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol may increase the risk of seizures especially in patients taking SSRIs, TCAs, and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs. There is no documentation that this patient has taken this medication. However, as the patient is taking another opioid and Effexor (an SNRI), serious adverse drug interactions preclude the use of this medication in this patient. Therefore, the request is not medically necessary and appropriate.

PROTONIX 20MG #60: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to page 68 of the MTUS Chronic Pain Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since July 2013. However, there is no documentation that the patient has any adverse GI symptoms or risk factors as listed above. Therefore, the request for Protonix is not medically necessary and appropriate.

TEROCIN PATCH #20: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57,112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to the MTUS Chronic Pain Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, the MTUS Chronic Pain Guidelines states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, the patient is currently on Gabapentin and there is no documentation regarding failure of or intolerance to Gabapentin. There is no clear rationale as to the necessity of Terocin patches at this time. Therefore, the request is not medically necessary.