

Case Number:	CM14-0004372		
Date Assigned:	01/31/2014	Date of Injury:	04/17/2012
Decision Date:	06/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 injured worker is a 29 year old female who reported an injury on 04/17/2012. The mechanism of injury was not provided in the clinical documentation. The clinical note dated 11/04/2013 reported the injured worker received her second epidural block, the injured worker reported she had a lot better functional relief, with better range of motion. The injured worker noted she subjectively and objectively felt better. The physical examination revealed a better range of motion, with about 75% range of motion of the lumbar spine. The provider noted some facet tenderness at L4-L5 and L5-S1, also noted some tenderness with rotation, with continued mild radiculopathy down the left leg. The provider requested a refill on Relafen, Cyclobenzaprine, Tramadol, also Lidoderm and Terocin cream, along with Tens unit. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for one TENS unit is not medically necessary. The injured worker received her second epidural block, the injured worker reported she had a lot better functional relief, with better range of motion. The injured worker noted she subjectively and objectively felt better. The California MTUS guidelines do not recommend as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservation option, if used as an adjunct to a program of evidence based functional restoration. The guidelines also note the need for documentation of pain of at least the last 3 months duration, evidence that other appropriate pain modalities have been tried and failed. The subjective and objective clinical findings note an improvement in the injured worker's pain and range of motion after the injured worker underwent the second epidural steroid injection, which does not meet the guidelines of documentation of pain for 3 months and other pain modality failure. In addition, the request does not specify the request is for a one month rental as recommended by guidelines. Given the clinical information the request for a one TENS unit is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The request for the Urine Drug screen is not medically necessary. The injured worker received her second epidural block, the injured worker reported she had a lot better functional relief, with better range of motion. The injured worker noted she subjectively and objectively felt better. The California MTUS recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The clinical documentation noted the injured worker had been denied Tramadol. Therefore, there is no medical necessity for the use of a urine drug screen and the request is not medically necessary.

CYCLOBENZAPRINE #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Cyclobenzepines # 60 is not medically necessary. The injured worker received her second epidural block, the injured worker reported she had a lot better functional relief, with better range of motion. The injured worker noted she subjectively and objectively felt better. The California MTUS guidelines do not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is a lack of subjective and objective documentation indicating the medical necessity for the Cyclobenzepine including relief of spasms, the injured worker reported

improvement in pain and functional ability. In addition, there is also a lack of the dose the provider was intending to prescribe. Furthermore, the injured worker has been taking the medication for longer than 4 weeks as recommended by guidelines. Given the clinical information submitted the request for Cyclobenzepine # 60 is not medically necessary.

TRAMADOL #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: The request for Tramadol # 60 is not medically necessary. The injured worker received her second epidural block, the injured worker reported she had a lot better functional relief, with better range of motion. The injured worker noted she subjectively and objectively felt better. The California MTUS guidelines recommend On-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also note the use of a drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. The provider noted the injured worker had a urine drug screen, but a lack of documentation to support the use of a urine drug screen was not provided. In addition the injured worker noted an improvement in her pain along with an improvement in the injured worker's range of motion. There is a lack of subjective and objective documentation indicating the need for Tramadol. There is also a lack of dose the provider intended in prescribing. Therefore, the request for Tramadol # 60 is not medically necessary.

RELAFEN 750MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation ODG, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Relafen

Decision rationale: The request for Relafen 750 mg is not medically necessary. The injured worker received her second epidural block, the injured worker reported she had a lot better functional relief, with better range of motion. The injured worker noted she subjectively and objectively felt better. The California MTUS guidelines recommend as an option for short term symptomatic relief. However, the Official Disability Guidelines recommend as a second line treatment after acetaminophen. In general there is conflicting to negative evidence that NSAID's are more effective than acetaminophen, narcotic analgesics, and muscle relaxants. There is a lack of documentation the injured worker had a trial of acetaminophen. In addition the injured worker reported an improvement in her symptoms which would not indicate the medical need for relafen. Also there is a lack of documentation of the quantity the provider indicated in dispensing. Therefore, the request for Relafen 750 mg is not medically necessary.

TEROCIN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin cream is not medically necessary. The injured worker received her second epidural block, the injured worker reported she had a lot better functional relief, with better range of motion. The injured worker noted she subjectively and objectively felt better. The California MTUS guidelines recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The requested medication contained lidocaine which is not recommended in the guidelines, also noted to be used for neuropathic pain. There is a lack of subjective or objective documentation indicating the need for the requested medication, also a lack of documentation the injured worker had any neuropathic pain. Additionally the provider did not indicate the quantity of medication to be dispensed. Therefore the request for Terocin Cream is not medically necessary.

LIDODERM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57. Decision based on Non-MTUS Citation ODG Pain Chapter, Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidoderm is not medically necessary. The injured worker received her second epidural block, the injured worker reported she had a lot better functional relief, with better range of motion. The injured worker noted she subjectively and objectively felt better. The California MTUS guidelines recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidoderm contains lidocaine which is not indicated for use in the guidelines. The guidelines also note lidoderm had been designated for orphan status by the FDA for neuropathic pain. The injured worker also reported improvement in functional ability and pain. There is a lack of subjective and objective findings of neuropathic pain indicating the need for Lidoderm. In addition the provider did not document the quantity to be dispensed. Therefore, the request for the Lidoderm is not medically necessary.