

Case Number:	CM14-0100997		
Date Assigned:	07/30/2014	Date of Injury:	02/18/2012
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 27-year-old who reported an injury on 02/18/2012 while helping a co-worker load a Porta-John (portable restroom) onto a skid steer when the skid steer lurched forward and the tracks on the skid steer ran over the injured worker's left lower leg from behind and he twisted his low back awkwardly with the impact. The injured worker felt a pop in his left ankle and sharp pain in his left knee and low back. Diagnosis was lumbar radiculopathy. Past treatments were chiropractic sessions, physical therapy, 3 epidural steroid injections, and a diagnosis lumbar facet injection. Diagnostic studies were MRI of the lumbar spine and EMG. Surgical history was not reported. Physical examination on 04/30/2014 revealed complaints of constant low back pain that radiated to the lower extremities with numbness and tingling. The pain was rated as 7/10. Examination revealed lumbar range of motion for flexion was to 50 degrees, extension was to 15 degrees, right lateral flexion was to 20 degrees, and left lateral flexion was to 20 degrees. Medications were alprazolam 1 mg, tramadol 150 mg, "Xolindo" 2% cream, Terocin patches, and oxycodone 20 mg. The treatment plan was to take medications as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restrospective request for 60 Tablests of Alprazolam 1mg between 4/9/2014 and 4/19/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Benzodiazepines; Alprazolam (Xanax); Criteria for the use of Opioids.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend benzodiazepines for long-term use and most Guidelines limit use to 4 weeks. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Restrospective request for 60 Tablets of Tramadol 150mg between 4/9/2014 and 4/9/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82, 93, 94,113, 78.

Decision rationale: The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Restrospective request for 20 Terocin Pain Patches between 4/9/2014 and 4/9/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers compensation, Online Edition; Chapter: Pain; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Lidocaine Page(s): 105, 111, 112.

Decision rationale: The California Medical Treatment Utilization Schedule states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine

(whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per Dailymed, Terocin patches are topical lidocaine and menthol. Therefore, the request is not medically necessary.