

Case Number:	CM14-0103628		
Date Assigned:	08/01/2014	Date of Injury:	10/10/2002
Decision Date:	10/23/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/06/2014

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 Pain 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 injured worker is a 45-year-old male who reported an injury on 10/10/2002. The mechanism of injury was not submitted for clinical review. The diagnoses included discogenic cervical condition, status post 1 epidural injection, discogenic lumbar condition, status post fusion at L4-5 and L5-S1, depression. The previous treatments included injections, surgery, medication, and EMG/NCV. Within the clinical note dated 07/01/2014, it was reported the injured worker complained of pain rated 7/10 in severity. The injured worker reported the inability to perform chores. Upon the physical examination, the provider noted the injured worker had neck extension of 25 degrees, and flexion of 30 degrees. The lumbar range of motion was noted to be lumbar extension at 20 degrees, and flexion at 45 degrees. The provider requested Terocin patches for topical use for pain, Norco for pain, and a cervical traction device with air bladder for neck pain. The Request for Authorization for the cervical traction was submitted and signed on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, #30: Upheld

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

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

Decision rationale: The request for Terocin patches #30 is not medically necessary. The California MTUS Guidelines state that topical NSAIDs are recommended for osteoarthritis and tendinitis, particularly that of the knee and/or elbow, and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage of the medication.

Norco, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

1 Cervical traction device with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The request for 1 cervical traction device with air bladder is not medically necessary. The California MTUS/ACOEM Guidelines note traction is not recommended. There is moderate research based evidence for the utilization of traction for the cervical spine. The clinical documentation submitted did not warrant the medical necessity for cervical traction. Additionally, the guidelines do not recommend the utilization of cervical traction.