

Case Number:	CM14-0109307		
Date Assigned:	08/01/2014	Date of Injury:	11/15/2011
Decision Date:	10/14/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 47-year-old male who has submitted a claim for cervical discopathy, shoulder impingement, rule out rotator cuff pathology, left greater than right, lumbar discopathy and L4-L5 radiculopathy associated with an industrial injury date of November 15, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of increased left shoulder pain. Physical examination revealed cervical paravertebral muscle tenderness, positive axial loading compression test and Spurling's maneuver, pain with terminal motion, tenderness in the anterior glenohumeral region and subacromial space, positive Hawkin's impingement sign, and intact rotator cuff function. Examination of the lumbar spine revealed lumbar paravertebral muscle tenderness and palpable spasms, pain with terminal motion, positive seated nerve root test, diminished sensations in the lateral thigh, anterolateral leg and foot in an L5 dermatomal pattern and some 4 strength in the EHL which was an L5 innervated muscle. Electrodiagnostic test reviewed on 4/22/14 documented that there was L4-L5 radiculopathy. Treatment to date has included subacromial injection, omeprazole, naproxen, orphenadine citrate, ondansetron, tramadol (since at least March 27, 2014) and Terocin (since at least March 27, 2014) patch. Utilization review from June 11, 2014 denied the requests for Tramadol ER 150mg OD #90, Terocin Patch #30 and Orphenadrine Citrate #120. The reasons for denial are not evident from the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg OD #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking tramadol for pain since at least March 27, 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Tramadol ER 150mg OD #90 is not medically necessary.

Terocin Patch #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient presented with localized neurologic deficits (diminished sensations in the lateral thigh, anterolateral leg and foot in an L5 dermatomal pattern and some 4 strength in the EHL which was an L5 innervated muscle). Electrodiagnostic test reviewed on 4/22/14 confirmed that there was L4-L5 radiculopathy. Furthermore, the patient had a trial of gabapentin on March 27, 2014. The criteria provided by the guidelines were met. Therefore, the request for Terocin Patch #30 is medically necessary.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle relaxants Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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 (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient presented with muscle spasms for which the medication may help. However, the date by which the patient started orphenadrine is not clear from the available records. Moreover, the patient is already on naproxen, which is an NSAID. The lack of information surrounding the request plus the concurrent use of an NSAID precludes the medical necessity of orphenadrine. Therefore, the request for Orphenadrine Citrate #120 is not medically necessary.