

Case Number:	CM14-0011115		
Date Assigned:	02/21/2014	Date of Injury:	11/16/2012
Decision Date:	07/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 57-year-old male who has filed a claim for cervical and lumbar radiculopathy associated with an industrial injury date of November 16, 2012. A review of the progress notes indicates neck pain radiating to the left upper extremity with numbness and tingling, low back pain radiating upward and to bilateral lower extremities, difficulty sleeping, and frequent headaches. The patient reports relief with acupuncture, allowing decreased intake of Norco. Findings include tenderness over the cervical and lumbar spine; decreased cervical and lumbar range of motion; decreased sensation in the right C6-7 distribution; and decreased motor strength in the left deltoids, biceps, wrist flexors/extensors, and bilateral lower extremity muscle groups. The patient has an antalgic gait. Electrodiagnostic testing of the lower extremities dated March 11, 2013 showed normal results. A lumbar MRI dated April 15, 2013 showed multilevel degenerative disc disease and facet arthropathy with retrolisthesis, canal stenosis, and neuroforaminal narrowing with contact of bilateral nerve roots at L5-S1. A lumbar MRI from January 08, 2014 showed similar results. Cervical MRI showed degenerative disc disease and facet arthropathy with retrolisthesis at C5-6, and multilevel canal stenosis and neuroforaminal narrowing. Treatment to date has included NSAIDs, opioids, muscle relaxants, sedatives, anti-depressants, Terocin patches, LidoPro, Medrol dose pack, acupuncture, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patches (box of 10) QTY: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Terocin patches contain 4% lidocaine and 4% menthol. According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, 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 Menthol, the MTUS does not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin may in rare instances cause serious burns. The patient notes that use of Terocin patches helps to decrease upper extremity pain. Progress notes indicate that the patient had previously tried and failed therapy with tricyclic antidepressants and gabapentin. The use of Terocin patches is a reasonable option to manage the patient's ongoing pain symptomatology. Therefore, the request is medically necessary.

LIDOPRO TOPICAL OINTMENT 4 OZ QTY:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28; 105; 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: An online search indicates that Lidopro is composed of capsaicin 0.325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The California MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Capsaicin, the Chronic Pain Medical Treatment Guidelines state that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments, with the 0.025% formulation indicated for osteoarthritis. Regarding Lidocaine, the Chronic Pain Medical Treatment Guidelines state that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding Menthol, the MTUS does not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin may in rare instances cause serious burns. Regarding Methyl Salicylate, the MTUS states that salicylate topicals are significantly better than placebo in chronic pain. The patient reports that LidoPro only provides momentary relief. Also, the lidocaine component of this medication is not recommended for ointment application. Therefore, the request is not medically necessary.

HYDROCODONE/APAP 10/325 MG QTY:180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the California MTUS Chronic Pain Medical Treatment 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 at least October 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request is not medically necessary.

An MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As stated on pages 303-304 of the ACOEM, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative. There should be unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to the Official Disability Guidelines, lumbar MRIs are recommended in patients with lumbar spine trauma with neurological deficit or seatbelt fracture, uncomplicated low back pain with suspicion of cancer or infection, with radiculopathy after one month conservative therapy or sooner if there are severe or progressive neurologic deficits; with prior lumbar surgery; with cauda equina syndrome or myelopathy; traumatic, painful, sudden onset, stepwise progressive or slowly progressive, and infectious disease; or if this is an oncology patient. In this case, there is no documentation of significant change or worsening of the patient's low back condition since the MRI performed in April 2013 to warrant a repeat lumbar MRI. Therefore, the request is not medically necessary.