MAXIMUS Federal Services

Case Number:	CM14-0012606		
Date Assigned:	02/21/2014	Date of Injury:	09/12/2008
Decision Date:	08/01/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 61-year-old male who has submitted a claim for lumbar disc displacement and radiculopathy associated with an industrial injury date of September 12, 2008. The medical records from 2013 to 2014 were reviewed. The patient complained of sharp lower back pain with radiation to the left leg. Physical examination showed antalgic gait; left paraspinal, left gluteal, and left piriformis muscle spasm with trigger points; L4-S1 and left sacroiliac joint presents with tenderness and subluxations; restricted lumbar ROM; left SLR at 40 degrees; Kemp's test elicits sharp left lumbar pain; Gaenslens test elicits sharp sacroiliac joint pain; and hypoesthesia was noted along the L5 dermatome. The treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, benzodiazepines, and anticonvulsants. A utilization review from January 2, 2014 denied the request for Tramadol hydrochloride 150MG ER, #90 due to lack of clear documentation of recent urine drug test, risk assessment, updated pain contract, and ongoing efficacy with its use. The request for Terocin patch #10 was denied because there was no clear documentation of failure of anticonvulsants or antidepressants or that the patient indeed suffers from neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HYDROCHLORIDE 150 MG. EXTEND RELEASE #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Tramadol; Tramadol (Ultram) Page(s): page(s) 93-94, 113.

Decision rationale: According to pages 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was prescribed Tramadol since December 18, 2013. The patient noted benefit from the use of medication in the past. However, there were no reports of objective functional gains in the recent progress notes. Therefore, the request for Tramadol hydrochloride 150MG ER, #90 is not medically necessary.

TEROCIN PATCH QTY:10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) ; Tropical Analgesics, Lidocaine Page(s): 56-57; page 112.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to CA 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 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 was prescribed Terocin since December 18, 2013. Recent progress notes reported that the patient is taking Gabapentin, however, persistence of symptoms prompted adjuvant therapy with Terocin patch. Guideline criteria were met. Therefore, the request for Terocin patch, #10 is medically necessary.