

Case Number:	CM14-0017310		
Date Assigned:	04/14/2014	Date of Injury:	12/22/2012
Decision Date:	05/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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, has a subspecialty in Interventional Spine 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 30-year-old male with an injury date of 12/22/12. Based on the 01/10/14 progress report by [REDACTED] the patient's diagnoses include herniated disc, L4-L5 lumbar radiculopathy and sciatica. The 01/10/14 progress report continues to state that "Examination shows tenderness and spasm along the lumbosacral spine on the left side at L4-L5 radiculopathy with numbness and tingling at the L4-L5 distribution. Positive straight leg raises, slight weakness on extension of the left foot and great toe." [REDACTED] is requesting the following: 1) Naprosyn 55 mg 2) Hydrocodone 10/325 mg #120 3) Tramadol ER 150 mg 4) Terocin patch with lidocaine The utilization review determination being challenged is dated 02/04/14 and recommends a denial of the Naprosyn, Hydrocodone, Tramadol, and Terocin patch. [REDACTED] the requesting provider, and he provided treatment reports from 08/09/13 - 01/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 55MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MEDICATIONS FOR CHRONIC PAIN AND ANTI-INFLAMMATORY MEDICATIONS
Page(s): 60-61,22.

Decision rationale: According to the 01/10/14 progress report, the patient presents with a herniated disc, L4-L5 lumbar radiculopathy, and sciatica. The request is for Naprosyn 55 mg. The treating provider's 08/09/13 progress report is the first report provided, which indicates that the patient has been prescribed Naproxen. However, the treater does not discuss it's efficacy in any report after. The Chronic Pain Guidelines support use of non-steroidal anti-inflammatory drugs (NSAIDs) for chronic low back pain. For medication use in chronic pain, the guidelines also requires documentation of pain assessment and function as related to the medication used. In this case, there is lack of any documentation regarding what Naprosyn has done for this patient's pain and function. Recommendation is denial.

HYDROCODONE 10/325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), LORTAB AND CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: According to the 01/10/14 progress report, the patient presents with a herniated disc, L4-L5 lumbar radiculopathy, and sciatica. The request is for Hydrocodone 10/325 mg #120. The patient has been taking Hydrocodone since the first progress report provided on 08/09/13. Reviewing the records, there is no discussion regarding how Norco has been instrumental in improving this patient's function and quality of life. There were no pain scales provided either. The Chronic Pain Guidelines indicate that "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, the guidelines indicate "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what impact Hydrocodone had on this patient in terms of pain and function. Recommendation is for denial.

TRAMADOL EXTENDED-RELEASE (ER) 150MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR NEUROPATHIC PAIN Page(s): 82.

Decision rationale: According to the 01/10/14 progress report, the patient presents with a herniated disc, L4-L5 lumbar radiculopathy, and sciatica. The request is for Tramadol ER 150 mg. Review of the reports show the patient has been taking Tramadol since the first progress report provided (08/09/13). There were no pain scales provided or any indication of the impact Tramadol had on the patient. The Chronic Pain Guidelines require documentation of pain and function for long-term use of opiates. A numeric scale or a validated instrument is required once every six (6) months to document function. The guidelines also require addressing the four (4) A's (analgesia, activities of daily living, adverse effects, and adverse events). In this case, documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. Recommendation is for denial.

TEROCIN PATCH WITH LIDOCAINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to the 01/10/14 progress report, the patient presents with a herniated disc, L4-L5 lumbar radiculopathy, and sciatica. The request is for Terocin patch with lidocaine. The patient has been using Terocin patches since the first progress report provided on 08/09/13. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The Chronic Pain Guidelines indicate that topical lidocaine is recommended for neuropathic pain, and 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). In this case, there is no evidence that the patient has previously had a trial of first-line therapy. Furthermore, Lidocaine is recommended for neuropathic pain that is peripheral and localized. Recommendation is for denial.