

Case Number:	CM14-0116195		
Date Assigned:	08/04/2014	Date of Injury:	05/23/1991
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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 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:

This is a patient with a date of injury of 5/23/91. A utilization review determination dated 7/1/14 recommends non-certification of Terocin patches. Tramadol was conditionally non-certified. 7/1/14 medical report identifies pain radiating down the left buttock and LLE to the foot, worsening over the past year. With denial of tramadol, function has been unchanged, but pain has increased and sleep deteriorated. On exam, there is 4+/5 left leg plantar and dorsiflexors, positive SLR left at 70 degrees for reproduction of left buttocks and posterior thigh and calf pain. Recommendations included an MRI and appeal of tramadol. 6/11/14 medical report identifies low back pain. Tramadol takes the edge off. Pain is 5/10 with medication and 8/10 without. On exam, there is limited ROM, presumably of the lumbar spine. Recommendations included tramadol, trazodone, and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Terocin patches #10, 3 boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 OF 127.

Decision rationale: Regarding the request for Terocin patch, California MTUS cites that topical lidocaine is 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). Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain and failure of first-line therapy. In the absence of such documentation, the currently requested Terocin patch is not medically necessary.

Prospective request for 1 prescription of Tramadol 50mg #60: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 OF 127.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that medications improve the patient's pain from 8/10 to 5/10. However, there is no indication of any specific functional improvement. There is also no documentation regarding side effects and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.