

Case Number:	CM14-0178825		
Date Assigned:	11/03/2014	Date of Injury:	12/04/2007
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine 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:

Pursuant to the progress noted dated September 24, 2014, the injured worker complains of constant low back pain rated 6/10. The low back pain is mainly localized and intermediately radiating to his mid back. He has intermittent neck pain rated 5/10 that radiates to the left shoulder. Activity such as driving and prolonged sitting and static position increase his pain, while medications relieve his pain. He also has complaints of intermittent left knee pain. Activity such as prolonged standing, walking, squatting, and kneeling increases pain. Medications and home exercises relieve his pain. Physical examination revealed slightly decreased range of motion (ROM) in the lumbar spine. The lumbar spine and left medial knee are tender to palpation. There is crepitus in the left knee with ROM. The injured worker is taking HQRX 37.5/325mg (Tramadol/Acetaminophen 37.5/325mg) for pain. The medical record indicated that Tramadol was written as far back as June of 2014. The IW has been diagnosed with knee sprain/strain; postoperative chronic pain; and lumbar degenerative disc disease. Treatment plan recommendation include: Continue home exercise program for bilateral knee active ROM, use TENS unit as needed, and continue current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 402 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin 402#120 mg is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is indicated for neuropathic pain and for localized peripheral pain after evidence of first-line therapy. Topical lidocaine is not recommended in the formulation of the dermal patch has been designated orphan status by the FDA for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker complains of low back pain, intermittent, radiates to the mid back, six out of 10. There is intermittent neck pain and left knee pain. There is no evidence of failed antidepressant and anticonvulsant trials as a pre-requisite to topical analgesics. Consequently, Terocin 402 #120 mg is not medically necessary. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, Terocin 402 #120 is not medically necessary.

HQRX 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the chronic pain medical treatment guidelines in the official disability guidelines, HQRX 37.5/325 mg 1 tablet twice a day #90 is not medically necessary. HQRX is Tramadol and Acetaminophen. Long-term opiate use mandates ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the medical record indicates Tramadol was written as far back as June 25, 2014. The injured worker is now taking HQRX which is a combination of Tramadol and acetaminophen. The medical record does not document whether there has been functional improvement since taking Tramadol or HQ RX. Consequently, continued use of opiates in the long-term is not medically necessary. Based on clinical information in the medical record, lack of appropriate documentation in the peer-reviewed evidence-based guidelines, HQRX 37.5/325 mg one tablet twice a day #90 is not medically necessary.

