

Case Number:	CM14-0031036		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2005
Decision Date:	09/09/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational 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:

The patient is a 50-year-old male who has submitted a claim for status post L4-L5 posterior lumbar interbody fusion associated with an industrial injury date of June 28, 2005. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain. There was residual numbness of the lower extremities. Physical examination showed tenderness from the mid to distal lumbar segments. There was a well-healed midline incision scar with palpable hardware. There was pain with terminal motion. MRI of the lumbar spine, dated February 11, 2013, revealed broad central and left paracentral disc extrusion at L4-L5 associated with annular fissure, mild deformation of ventral thecal sac but there is no canal stenosis, and mild stenosis of the foramina at that level; disc degeneration at other levels as well as chronic mild vertebral endplate concavities; no evidence of instability; and a mild dextroconvex scoliosis. Electromyography dated February 14, 2013 showed no evidence of lumbar radiculopathy bilaterally. Official reports of the studies were not available for review. Treatment to date has included medications, physical therapy, activity modification, and lumbar spine fusion. Utilization review, dated February 17, 2014, denied the request for Tramadol Hydrochloride ER 150mg #90 and Terocin patch #30. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride ER 150 mg #90: 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 Tramadol (Ultram), page Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it 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, patient has been taking Tramadol since at least March 2013. There was no documented evidence of functional improvement from the medication. In addition, specific measures of analgesia and improvements in activities of daily living were not documented. There was also no documentation of adverse effects and aberrant drug-taking behavior. California MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol Hydrochloride ER 150 mg #90 is not medically necessary.

Terocin patch #30: 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 Lidoderm (lidocaine patch), p ; Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: Terocin Patch contains 4% Lidocaine and 4% Menthol. According to 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 the Menthol component, California 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 initial date of usage of Terocin patch was not specified. It was being prescribed to assist the patient with treatment of mild to moderate acute or chronic aches or pain. However, there was no documented evidence of functional improvement from the medication. Furthermore, there was no indication of a trial of antidepressants or AED and intolerance to oral analgesics. Therefore, the request for Terocin patch #30 is not medically necessary.