

Case Number:	CM14-0036281		
Date Assigned:	06/25/2014	Date of Injury:	10/13/2011
Decision Date:	07/29/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 Neurological Surgery 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 injured worker is a 58-year-old male who was reportedly injured on October 31, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 31, 2014, indicated there were ongoing complaints of neck, mid, and low back pains. The pain was described as unchanged. The pain without medications was 9/10 and with medications 7/10. The employee's complaints included numbness in the left arm and right leg. The clinician specifically indicated that the opiate medications were helpful in decreased pain and improving function. The physical examination demonstrated in all extremities normal sensation with the exception of diminished sensation at the right thumb and upper arm, and no evidence of increased tone or clonus. Hoffman's test was negative bilaterally and there were tenderness and spasm of the cervical, thoracic, and lumbar paraspinal muscles. Cervical and lumbar range of motion were diminished secondary to pain. Straight leg raise was negative bilaterally and Patrick's test was negative bilaterally. Diagnostic imaging studies were not reviewed on this visit, and no radiology reports were submitted. Previous treatment included Salvella, heat, home exercise, a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. The injured worker has documented drug screens, which were consistent with the medication being prescribed on multiple occasions. A request was made for terocin and Flexeril, which were not certified in the pre-authorization process on February 21, 2014. Additionally, the request for tramadol was partially certified for 50 tablets rather than the 100 tablets requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg # 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96; 113.

Decision rationale: The CA MTUS supports the use of opiate medications to include tramadol for management of moderate pain. Based on the clinical documentation provided, the injured worker has subjective complaints of neuropathic pain. Additionally, physical examination findings were consistent with paraspinal muscle spasm. The clinician specifically indicated that the opioid medications were providing this individual with pain relief and improved function. As such, the request is considered medically necessary.

Lido-Capsaicin-Men-Methyl Sal (Terocin) 120 ml, # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Terocin is a topical agent that contains lidocaine. The CA MTUS indicates that topical lidocaine may be an option for management of localized peripheral neuropathic pain in individuals who failed previous conservative care with antiepileptic or antidepressant medications. Based on clinical documentation provided, there was no evidence that a previous trial of these medications as failed. Additionally, the MTUS notes that if a single component of the compounded agent is not medically necessary, then the entire compounded agent is not medically necessary. As such, the request is considered not medically necessary.

Cyclobenzaprine (Flexeril) 7.5 mg, # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The MTUS recommends the use of nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in individuals with chronic low back pain. Based on the clinical documentation provided, the injured worker has been chronically utilizing this medication. Additionally, there was a potential interaction of this medication with tramadol. As such, the request is considered not medically necessary.