

Case Number:	CM14-0052448		
Date Assigned:	07/07/2014	Date of Injury:	02/15/2004
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old female patient with a 2/15/04 date of injury. She injured herself while repeatedly lifting patients. A progress report dated on 4/24/14 indicated that the patient complained of bilateral lower back burning and stabbing pain, 4-8/10. The patient noted that his pain worsened with treatment. She reported that her pain aggravated with bending, forward flexion, lifting and pulling objects. Her pain associated with lower back stiffness. Physical exam revealed that range of motion of the lumbar spine was limited with flexion and extension due to pain. There was tenderness to palpation over paraspinal muscles overlying the facet joints and SI joints on the right side. She was diagnosed with Degeneration of lumbosacral intervertebral disc, Displacement of lumbar intervertebral disc, without myelopathy, and Lumbosacral radiculopathy. Treatment to date: medication management. There is documentation of a previous 4/15/14 adverse determination. Oxycodone was not certified based on the fact that there was no documentation supporting meaningful achievement of functional gains. Terocin patches was not certified, because it contain Lidocaine, which was not recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with lower back pain, 4-8/10. She was prescribed with Oxycodone since at least from 11/22/13 chronically. However, there was no documentation supporting pain relief or functional gains. There was no urine drug screen test available. In addition, it was noted that her condition worsened with treatment. It was also noted that her prescription with Oxycodone was already tapered from #90 to #45. Therefore the request for Oxycodone 20 mg #90 is not medically necessary.

Terocin (Lidocaine / Menthol), 1 box: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb> Terocin.

Decision rationale: The MTUS Chronic Pain Guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, the MTUS Chronic Pain Guidelines states that 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). The patient presented with the pain in her lower back, 4-8/10. There was documentation supporting Terocin prescription. However, there was no evidence of significant pain relief or functional gains. In addition, the MTUS Chronic Pain Guidelines does not recommend topical Lidocaine formulation of dermal patches. Therefore, the request is not medically necessary.