MAXIMUS Federal Services

Case Number:	CM14-0084004		
Date Assigned:	07/21/2014	Date of Injury:	09/10/2009
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 09/10/2009 caused by an unspecified mechanism. The worker's treatment history included epidural steroid injections, medications, MRI, trigger point injections. The injured worker was evaluated on 06/28/2013, and it was documented that the injured worker complained of constant neck pain rated at 7/10 that radiated to the bilateral arms, low back pain described as always there rated 9/10. The injured worker reported spasm in her lower back, neck, and bilateral arms and numbness and tingling in all area. The injured worker reported she ambulated with a cane and was able to do self care and had difficulty performing chores. The injured worker reported sleep issues and back pain that woke her up at night. The injured worker reported depression with symptoms of sadness, lack of interest and motivation and difficulty concentrating. The worker was requesting trigger point injection to the right trapezius due to intense pain of 8/10. On physical examination, there was tenderness in the low back and right trapezius. The injured worker was given a trigger point injection with immediate relief of pain dated 06/28/2013. The worker's diagnoses included chronic low back pain and left leg pain due to a left L5 radiculopathy with improvement with interlaminar L5-S1 epidural steroid injection and bilateral carpal tunnel syndrome, right greater than left. The worker's medication regimen included Norco, Remeron, Flexeril, naproxen, gabapentin, Dendracin, and Prilosec 20 mg. The request for authorization dated 05/05/2014 was for Terocin patches, gabapentin, and Norco. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome. In addition, request did not provide frequency, dosage or location where the patches will be applied. As such, the request for Terocin Patch # 30 is not medically necessary.

Gabapentin 600 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. In addition, the request did not include frequency of the medication. Given the above, the request for Gabapentin 600 mg #90, is not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Washington State Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risks for aberrant drug use behaviors and side effects. In addition, it is not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Norco 10/325 mg is not medically necessary.