

Case Number:	CM14-0085831		
Date Assigned:	07/23/2014	Date of Injury:	10/06/2009
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation, has a subspecialty in Pain 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 47 year old male who sustained an industrial injury on 10/06/2009. On 3/31/2014, the patient was given a left L5-S1 transforaminal ESI. According to a progress report dated 12/05/2013, the patient complains of continued axial low back and bilateral lower extremity radicular pain worse on the left, and paresthesias in the left thigh with left greater than right LE weakness. Current medications provide moderate relief. Medications are Terocin lotion, protonix DR, Norco, Effexor XR, and Naproxen. Physical examination shows paralumbar tenderness, pain on flexion and extension, 70% normal lumbar ROM, positive SLR bilaterally pain in the right and left L5-S1 distribution, diminished sensation in L4 and L5 dermatomal distribution, difficulty toe raising bilaterally, diffuse weakness in left greater than right LE, 2+ symmetrical DTRs, and normal gait. Assessment is radicular syndrome (thoracic/lumbosacral) - Primary, lumbago, and piriformis syndrome/sciatica. Plan is request for L5-S1 epidural, and renewed Norco 10/325 #120, and dispensed naproxen 550, Protonix per history of GI upset with NSAIDS without PPI, Effexor for reactive depression and Terocin lotion for localized pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin lotion, QTY: 1: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin topical cream contains Lidocaine, Capsaicin, methyl salicylate and menthol. According to the MTUS guidelines, Lidocaine is recommended for neuropathic pain, 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 pregabalin). The medical records do not establish a diagnosis of diabetic neuropathy or neuropathic pain with failure of first-line therapies. Furthermore, Capsaicin is appropriate and medically necessary for patients that are intolerant to first-line therapies, which is not the case for this patient. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish this compounded topical product is appropriate or medically indicated. As such, the request is not medically necessary.

Retrospective request for Effexor XR capsule ER 37.5 mg, QTY : 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 SNRIs (serotonin noradrenaline re-uptake inhibitors), Venlafaxine (Effexor) Page(s): 105, 123.

Decision rationale: MTUS guidelines state SNRIs, such as Effexor, are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. However, the medical records do not establish this patient has neuropathic pain. Venlafaxine is FDA-approved for anxiety, depression, panic disorder and social phobias. The patient does not report having any psychological issues, there are no abnormal psych findings nor psychiatric diagnosis. According to the guidelines, tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The medical records do not provide a rationale for an SNRI, over tricyclic, which is considered a first-line agent. As such, the request is not medically necessary.

Retrospective request for Pantoprazole 20 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient denies having any GI complaints. According to the guidelines, proton pump inhibitors (PPIs), such as Omeprazole, may be recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not

demonstrate potential risk factors are present in the case of this patient. Furthermore, other PPIs, such as Protonix (pantoprazole), should be considered second-line therapy. The medical records do not establish the patient has significant risk factors for GI events or has failed to respond to first line PPIs. As such, the request is not medically necessary.