

Case Number:	CM14-0096649		
Date Assigned:	07/28/2014	Date of Injury:	03/19/2001
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 50-year-old female who reported an injury on 03/19/2001. The mechanism of injury was not provided. She had diagnoses of cervicalgia with bilateral radiculopathy, lumbago with bilateral radiculopathy, myofascial syndrome, cervicogenic headaches with intractable pain, reactive depression and anxiety, and frequent falls. Past treatments included medications and an epidural steroid injection on 04/02/2014. She had a history of low back and sciatic pain. On 05/08/2014, she complained of low back pain with 5 areas of maximum tenderness. This included areas in the upper trapezoid muscle and one over the left occipital nerve. She was given an injection and had immediate release of trigger points with actual sudden reduction in the left-sided headache. The request for a new trial of the spinal cord stimulator once again had been brought up. The exam demonstrated very significant cervical muscle spasm and multiple tender points in the upper trapezius muscle groups as well as into the occipital area which continued to be worse on the left side. There were also associated areas of edema around the neck and chest as well as into the face. The continued cervical spasms are also associated with increase in cervicogenic headaches. The functional status has not changed over the past month. It was the provider's opinion, there is absolutely no doubt that the patient's functional status and activities of daily living would vastly improve with a stimulator. On 07/01/2014, the injured worker was seen for pain in the lumbar spine and neck. The current pain scale was 7/10 to 8/10. The cervical spine continued to have significant muscle spasms along with multiple tender and trigger point areas. She continued to have radicular pain radiating to both upper extremities. The exam demonstrated diminished light touch, thermal and vibratory sensation in both upper extremities, C5-T1. There was motor weakness in the right hand grip. She continued to have significant issues with sleep and received a prescription for Restoril 15 mg 1 to 2 tablets at bedtime to help address this issue. The injured worker received

an injection into the trigger point and had immediate release with the trigger point. The medications included Nucynta ER 50 mg 1 to 2 tablets twice a day for baseline pain, Aciphex 20 mg 1 tablet up to twice a day for stomach issues secondary to chronic and medication use, Ambien 10 mg 1 tablet at bedtime for sleep, Flexeril 10 mg 1 tablet as needed for severe muscle spasms, Paxil 10 mg 1 tablet every day for mood, Terocin 4% patch applied every 12 hours to areas of peripheral neuropathic pain, and Monarch pain cream 2 tubes. She underwent a urine toxicology screening to monitor for diversion as well as compliance with the medication regimen. The request is for 1 spinal cord stimulator trial of the lumbar spine, Terocin 4% Lidocaine patch #30, and Ambien 10 mg #30. The rationale for spinal cord stimulator trial is due to the court recommendation. The rationale for the Terocin patch was also due to the court recommendation. No rationale was given for Ambien but the notes state the injured worker was currently not utilizing the Ambien. The request for authorization is dated 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One spinal cord stimulator trial of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Simulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-106.

Decision rationale: The injured worker had a history of low back and sciatic pain. The California MTUS indicates that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further indicates that for stimulator implantation a patient should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least one back surgery or patients who have the diagnosis of Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD). Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. The injured worker has received the prior trial of a spinal cord stimulator. The provider is requesting another trial. However, no additional information has been submitted with evidence of effectiveness from the first trial and the rationale for a second. The injured worker received an epidural injection on 05/02/2014 with significant improvement. There is lack of evidence for medical necessity of an additional trial of spinal cord stimulator. As such, the request for one spinal cord stimulator trial is not medically necessary.

Terocin 4% Lidocaine patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Lidocaine Page(s): 105, 111 & 112.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches are topical Lidocaine and Menthol. The California MTUS guidelines indicate that Topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is no support for menthol in combination with Lidocaine in a topical product. As such, the request for Terocin 4% Lidocaine patch #30 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The FDA required lower doses for women due to adverse effects. It was noted Ambien has been lowered from 10 mg to 5 mg. The provider had stated Ambien was not being used. As such, the request for Ambien 10 mg #30 is not medically necessary.