

Case Number:	CM14-0097518		
Date Assigned:	07/25/2014	Date of Injury:	09/05/2013
Decision Date:	11/13/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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:

This 35 year-old patient sustained an injury on 9/5/13 while employed by [REDACTED]. Request(s) under consideration include Ultram ER 150mg, one two times daily, #60 and Terocin patches. Reports of 1/27/14 and 3/12/14 from the provider noted the patient with ongoing back pain and some radicular symptoms in left leg. Brief exam showed generalized tenderness, limited range, and spasm of lumbar spine. The patient was given Kenalog/ Marcaine/ Lidocaine injection into lumbosacral spine. Medications list Naproxen, Prilosec, Terocin, and Ultram with treatment for continued PT (20 sessions) and medication refills. The patient continued on work restrictions limited to 10 pounds. Report of 5/15/14 from the provider noted the patient with ongoing chronic low back pain. Exam of the lumbar spine showed unchanged tenderness on palpation; limited range with flex/ext/rotation/ lateral bending of 60/30/30/30 degrees; also noted was evidence of supratentorial problems with regard to pain out of proportion to maneuver performed and MRI does not show any significant pathology in lumbosacral spine. Diagnoses included chronic low back pain/ lumbar strain. Medications were continued. The request(s) for Ultram ER 150mg, one two times daily, #60 and Terocin patches were denied on 6/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, one two times daily, #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines:Opioids and Criteria for.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Ultram ER 150mg, one two times daily, #60 is not medically necessary and appropriate.

Terocin patches.: Upheld

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

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

Decision rationale: Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Terocin Patches are not medically necessary and appropriate.

