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| Case Number: | CM14-0098482 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 03/30/2012 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

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 48-year-old male with a reported date of injury on 03/30/2012. The mechanism of injury was not submitted within the medical records. His diagnosis was noted to include lumbar discopathy. His previous treatments were noted to include injections, medications, surgery, and physical therapy. The progress note dated 01/28/2014 revealed the injured worker had been recommended to undergo surgical intervention with respect to the lumbar spine in the form of removal of the hardware. The injured worker complained of continued pain to the lumbar spine. The physical examination of the lumbar spine was noted to be unchanged. There was tenderness over the top of palpable hardware, not only to deep but also superficial palpation. There was some radicular pain component in the L4-5 and L5-S1 dermatomal distribution. The Request for Authorization forum dated 01/30/2014 was for tramadol HCl and Terocin patches for pain. The Request for Authorization form for the Orphenadrine citrate ER 100 mg #120 or the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #90: Upheld

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

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

Decision rationale: The request for tramadol ER 150 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is lack of documentation regarding evidence of decreased pain on numerical scale with the use medications, increased functional status, side effects, and it is unclear as to whether the injured worker has had consistent urine drug screen and when the last test was performed. Therefore, due to lack of evidence regarding significant pain relief, increased function, adverse effects, and previous urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-112 Page(s): 111-112.

Decision rationale: The request for Terocin patches #30 is not medically necessary. Terocin consists of both lidocaine and menthol. The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research for the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend lidocaine for neuropathic pain. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of first line therapy (tricyclic or SNRI antidepressants or AEDs, such as gabapentin or Lyrica). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines do not recommend topical lidocaine for non-neuropathic pain. The documentation provided indicates radicular pain; however, the guidelines do not recommend lidocaine in any formulation other than a Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Orphenadrine Citrate ER 100 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), page 63 Page(s): 63.

Decision rationale: The request Orphenadrine citrate ER 100 mg #120 is not medically necessary. The injured worker complains of low back pain with radicular component. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and over improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding the utilization of Orphenadrine or muscle spasms to warrant a muscle relaxant. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.