

Case Number:	CM14-0012447		
Date Assigned:	12/11/2014	Date of Injury:	03/29/2007
Decision Date:	01/21/2015	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/30/2014

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 Family 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:

This is a 38 years old male patient who sustained an injury on 3/27/2007. He sustained the injury while picking up 100 pounds box. The diagnoses include chronic pain syndrome, lumbago, myalgia and myositis. Per the doctor's note dated 11/20/13, he had complaints of low back and right lower extremity pain. The physical examination of the lumbar spine revealed tenderness and decreased range of motion. The medications list includes Oxycontin, Oxycodone, Cymbalta, Terocin patch and Clonidine. He has had MRI of the lumbar spine dated 06/30/13 which revealed degenerative disc disease, and facet arthropathy with postoperative change and retrolisthesis L3-4, L4-5, and L5-S1, canal stenosis includes L4-5 mild canal stenosis with narrowing of the right lateral recess with right paracentral protrusion and annular fissuring noted without neural foraminal narrowing, L5-S1 central protrusion and annular fissure; CT scan of the lumbar spine post discogram, dated 06/21/13 which revealed retrolisthesis at L3-4, L4-5, and L5-S1 with abnormal discograms at these levels with focal areas of protrusions and annular fissuring as described with L3-4 mild, L4-5 moderate canal stenosis and L5-S1 right paracentral protrusion and annular fissuring contracts the right 51 root, neural foraminal narrowing includes L4-5 moderate to severe right neural foraminal narrowing likely contacting the exiting right L4 nerve root; CT discogram procedure report dated 06/21/13 which revealed L2-3 non-concordant, L3-4 non-concordant, L4-5 non-concordant and L5-S1 non-concordant. He had undergone microlumbar decompression at right L4-5 on 8/26/2010; partial laminectomy at L4, L5 and S1 on 10/2/2013. He has had physical therapy visits for this injury. He has had urine drug screen report on 8/21/13 with consistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch box (10 patches): 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 patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine, indication: neuropathic pain is 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 Lyrica). Non-neuropathic pain is not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response to antidepressants and anticonvulsants was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Terocin pain patch box (10 patches) is not fully established for this patient. Therefore, the requested medication is not medically necessary.

OxyContin 10mg #60: 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 Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 12/31/14); Opioids, Criteria for Use.

Decision rationale: Oxycontin contains Oxycodone which is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with

regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of OxyContin 10mg #60 is not established for this patient.

Oxycodone 50mg #150: 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 Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 12/31/14) Opioids, Criteria for Use

Decision rationale: Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycodone 50mg #150 is not established for this patient.

Clonidine 0.1mg #90: Overturned

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 Clonidine, Intrathecal Page(s): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 12/31/14) Weaning, Opioids (Specific Guidelines).

Decision rationale: Per the cited guidelines "Clonidine can relieve many opioid withdrawal symptoms (an off-label treatment) as long as there are no contraindications to use." Patient was on multiple narcotics. Clonidine is medically appropriate and necessary to relieve withdrawal symptoms. Therefore the request for Clonidine 0.1mg #90 is medically appropriate and necessary in this patient.