

Case Number:	CM14-0194855		
Date Assigned:	12/02/2014	Date of Injury:	11/28/2011
Decision Date:	01/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation, has a subspecialty in Interventional spine 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 27 year old male with an injury date of 11/28/11. As per 10/06/14 progress report, the patient complains of severe pain rated at 10/10. As per psychiatry report dated 10/03/14, the patient complains of low energy, loss of motivation, anhedonia, sleep disruption, and loss of appetite. The patient has been diagnosed with PTSD. As per progress report dated 09/26/14, the patient suffers from continuous low back pain that radiates to the lower extremities. The patient has been authorized to receive acupuncture, as per progress report dated 10/06/14. Current medications, as per psychiatry report dated 10/03/14, include Anaprox, LidoPro, Prilosec, and Venlafaxine. The patient has benefited from acupuncture and TENS unit in the past, as per progress report dated 09/26/14. The patient has been allowed to return to modified work, as per progress report dated 10/06/14. Diagnoses as of 09/26/14 includes Pain / Thoracic spine, Lumbar degenerative disc disease / impingement, Backache, unspecified, Lumbosacral or thoracic neuritis or radiculitis, unspecified, Myofascial pain, and Poor coping. The rationale follows: Terocin 120 ml Dispensed 09/26/14 - "Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Diclofenac Sodium # 60 Dispensed 09/26/14 - "there is no documentation of objective functional improvement that supports the subjective benefit noted." Toradol Injection for Acute Pain done 09/26/14 - "it is not clearly delineated that oral pain medications are insufficient to alleviate symptoms." Acupuncture X 6 Visits Lumbar - "The information submitted provides limited information regarding sustained functional benefit from previous care." Treatment reports were provided from 06/10/14 - 10/06/14..

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml dispensed 9/26/2014: 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 creams Page(s): 111.

Decision rationale: The patient complains of severe pain rated at 10/10, as per progress report dated 10/06/14, along with psychiatric symptoms such as low energy, loss of motivation, anhedonia, sleep disruption, and loss of appetite, as per progress report dated 10/03/14. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: 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 Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Regarding Capsaicin, the Guidelines state "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis)." Terocin cream consists of Methyl Salicylate, Capsaicin, Menthol, and Lidocaine Hydrochloride. The prescription for Terocin was first noted in progress report dated 09/26/14. Earlier, another topical medication LidoPro containing Lidocaine was prescribed. MTUS guidelines are silent about Terocin cream. They, however, allow for the use capsaicin in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain but do not support "any other topical formulations of lidocaine" other than the patch. MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this compounded topical formulation is not medically necessary.

Diclofenac Sodium #60 dispensed 9/26/2014: 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 Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient complains of severe pain rated at 10/10, as per progress report dated 10/06/14, along with psychiatric symptoms such as low energy, loss of motivation, anhedonia, sleep disruption, and loss of appetite, as per progress report dated 10/03/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be

recorded," when medications are used for chronic pain. The prescription was first noted in progress report dated 09/26/14. The patient was using Naprosyn before that, as per prior progress reports. The patient is also using the NSAID Anaprox, as per psychiatry progress report dated 10/03/14. In the progress report dated 09/26/14, the physician states that "Medications help with pain about 30% and maintain her ADLs." Given the patient's severe pain and a record of improvement in pain and function derived from NSAIDs, this request is medically necessary.

Toradol injection for acute pain done 9/26/2014: 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), Ketoralac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoralac Page(s): 72.

Decision rationale: The patient complains of severe pain rated at 10/10, as per progress report dated 10/06/14, along with psychiatric symptoms such as low energy, loss of motivation, anhedonia, sleep disruption, and loss of appetite, as per progress report dated 10/03/14. MTUS states on pg.72, Ketoralac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs. oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." In progress report dated 09/26/14, the physician states that "Toradol is for acute pain." However, the physician does not indicate why patient needs Toradol injection as opposed to taking oral NSAIDs, which provide comparable level of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic pain." This request is not medically necessary.

Acupuncture x 6 visits lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient complains of severe pain rated at 10/10, as per progress report dated 10/06/14, along with psychiatric symptoms such as low energy, loss of motivation, anhedonia, sleep disruption, and loss of appetite, as per progress report dated 10/03/14. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In progress report dated 09/26/14, the physician states that "Acupuncture helpful in past." Thus,

it appears that the patient has already received an initial trial for it. Additionally, in the latest progress report dated 10/06/14, the physician also states that the patient "has authorization for acupuncture." It is not clear how many sessions the patient had received in the past and the number of sessions he has been authorized for at present. The progress reports do not provide pertinent information required to make a determination based on MTUS. This treatment is not medically necessary.