

Case Number:	CM14-0198288		
Date Assigned:	12/08/2014	Date of Injury:	01/26/2007
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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 59 year old male with an injury date on 01/26/2007. Based on the 10/28/2014 progress report provided by the treating physician, the diagnoses are: 1. Left more than right sacroiliac arthralgia 2. Lumbar discogenic pain 3. Lumbar facet arthralgia 4. Left sciatica. According to this report, the patient complains of "low back pain referring into the hip left and left knee." Pain is a 4/10 with medications and an 8-9/10 without medication. Physical exam of the lumbar spine reveals moderate tenderness over the bilateral L5-S1 and L3-L4 level. Positive bilateral straight leg raise and Gillet sign. Sensitivity is decreased over the bilateral dorsal facet. Motor strength of the left hip flexion is a 4+/5. The 09/18/2014 report indicates patient's pain is a 6-7/10 with "severe pain predominantly noted (as he points to) his left SI joint." The 08/05/2014 noted the patient had "benefit with the Tylenol No. 3" and "cause nausea." The treatment plan is request for epidural injection of the left L4-L5 nerve roots, and refill medications. The patient is "currently at Permanent and Stationary status." There were no other significant findings noted on this report. The utilization review denied the request for Tylenol #3, #60, 4 refills and Terocin 3% patch, #60, 4 refills on 11/10/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/25/2014 to 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, 1 orally twice daily, #60, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine; generic available). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60,61,88,89,76,78.

Decision rationale: According to the 10/28/2014 report, this patient presents with low back pain referring into the hip left and left knee." The current request is for Tylenol #3, 1 orally twice daily, #60, 4 refills. This medication was first mentioned in the 03/25/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, the patient "has difficulty with activity and states he needs to "warm up" in order to ambulate with less discomfort." The patient noted "benefit with the Tylenol No. 3" and "cause nausea." ' In this case, the reports show documentation of analgesia with pain ranging from 8-9 to a 4/10 and adverse side effects were mentioned. However, the treating physician does not discuss specific ADLs or document the patient's functional improvement. No aberrant drug seeking behavior is discussed. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document the 4 A's as required by MTUS. Therefore, the request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

Terocin 3% patch, twice daily, #60, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical analgesics

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

Decision rationale: According to the 10/28/2014 report, this patient presents with low back pain referring into the hip left and left knee." The current request is for Terocin 3% patch, twice daily, #60, 4 refills. Terocin patches are a dermal patch with lidocaine, and menthol. The treating physician states "The Terocin patch and Tylenol #3 were received recently, which have decreased some of his pain." The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient presents with lumbar spine neuropathic pain but is not peripheral and localized. The treating

physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The current request is not medically necessary.