

Case Number:	CM14-0203158		
Date Assigned:	12/15/2014	Date of Injury:	09/09/2013
Decision Date:	02/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 individual is a 30 y/o male who developed chronic low back pain with leg radiation subsequent to an injury dated 9/9/13. His MRI and electrodiagnostic studies are consistent with a lumbar radiculopathy. Due to increased pain he presented to an urgent care clinic requesting non-opioid injections (toradol/steroid). He pain was reported to be mostly radiating down the right leg. He was given an injection of Toradol and Solumedrol, no opioids were injected or prescribed. His treating physician prescribes Percocet 10/325 BID and Xanax. The records reviewed did not explain why medications for neuropathic pain were not being utilized. He had previously been on low dose Gabapentin with benefit, but this was not reinstated with his new injury nor were there trials with increased dosing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 30MG/ML: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAIDS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac.

Decision rationale: MTUS Guidelines only address Ketorolac in the context of long-term oral use and they do not recommend its use under these circumstances. ODG Guidelines discuss the use of injectable Ketorolac and note that it can be useful in place of opioids for management (exacerbation) of pain. Under the circumstances of this individual seeking treatment for an acute exacerbation of pain at an urgent care center, the injection of Ketorolac is consistent with Guidelines and is medically necessary.

Methocarbamol 750MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: MTUS Guidelines do not recommend the long-term use of this type of muscle relaxant. Short-term use of acute exacerbations may be reasonable per Guideline standards, but the recommended use is daily and long term. Under these circumstances the Methocarbamol is not medically necessary.

Terocin Patch QTY. 10: Upheld

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

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

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards the compounded Terocin is not medically necessary.