

Case Number:	CM14-0039863		
Date Assigned:	06/27/2014	Date of Injury:	06/06/2013
Decision Date:	01/02/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/04/2014

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. The expert reviewer is Board Certified in Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 6, 2013. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for Ultram extended release, approved a request for naproxen, and denied a request for topical Terocin. The claims administrator stated that its decision was based on a progress note dated March 6, 2014. In a February 20, 2014 consultation, the applicant reported ongoing complaints of low back radiating into the right leg. The applicant had tried and failed physical therapy, manipulative therapy, a TENS unit, Percocet, Neurontin, Naproxen, and Tizanidine, it was stated. Epidural steroid injection therapy was endorsed, along with work restrictions. It was acknowledged that the applicant was not working with said limitations in place. Significant right lower extremity weakness was appreciated. The applicant was asked to follow up after the injection. In a progress note dated March 6, 2014, the applicant reported ongoing complaints of low back pain radiating into the leg, averaging 6/10. The applicant was avoiding performing household chores, going to work, performing shopping, and exercising secondary to pain, it was acknowledged. Epidural steroid injection therapy was endorsed while Ultram, naproxen, and Terocin were prescribed. Prilosec was introduced for gastro protective effect. A 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. The note was somewhat difficult to follow; however, it appeared that the prescriptions in question were introduced for the first time by the prescribing provider, a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol topic; Tramadol section Page(s): 113; 94.

Decision rationale: While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol (Ultram) is not a first-line analgesic, in this case, the applicant has, in fact, failed a variety of other analgesic and adjuvant medications, including Percocet, naproxen, Neurontin, Tizanidine, etc. Introduction of tramadol (Ultram extended release) was indicated on or around the date in question. While the 150-mg starting dose proposed here does seemingly represent treatment slightly in excess of the 100-mg once daily dosage suggested for introduction of Ultram extended on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, in this case, however, the applicant was not an opioid naive individual. The applicant was already using another opioid agent, Percocet, prior to introduction of Ultram extended release. The 150-mg introductory dosage of Ultram extended release was indicated in this opioid-dependent individual. Therefore, the first-time prescription for Ultram extended release is medically necessary.

Prilosec 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: The requesting provider indicated in his March 2014 progress note that he was introducing Prilosec for gastro protective effect. However, page 68 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants at heightened risk for adverse gastrointestinal events who, by implication, qualify for prophylactic usage of proton pump inhibitors such as Prilosec include those individuals who are age 55 years of age or greater and are using NSAIDs, as well as individuals who are using multiple NSAIDs, those individuals who are using one NSAID and have a history of prior GI bleeding and/or peptic ulcer disease, and/or those individuals who are using NSAIDs in conjunction with corticosteroids. Here, however, the applicant is 23 years old. The applicant is only one NSAID, naproxen. The applicant is not using any corticosteroids. The applicant, thus, was not an appropriate candidate for gastrointestinal prophylaxis with Prilosec. Therefore, the request is not medically necessary.

Terocin patch #10 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Page(s): 28, 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; Drugs.com, Terocin Medication Guide

Decision rationale: Terocin, per the Drugs.com website, is an amalgam of capsaicin, lidocaine, and methyl salicylate. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last line option, in applications who have not responded to or are intolerant of other treatments. Here, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" capsaicin-containing Terocin patch at issue. It is noted that oral tramadol was introduced on the same date that topical Terocin was introduced. If successful, the introduction of oral tramadol would seemingly obviate the need for the capsaicin containing Terocin patch. Therefore, the request was not medically necessary.