

Case Number:	CM15-0139099		
Date Assigned:	07/29/2015	Date of Injury:	10/14/2014
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 40-year-old male with an industrial dated 10/14/2014. The injury is documented as occurring when he was moving a man lift and was in a basket eight feet in the air when an outside hauler backed into him. Upon impact, he was jerked around and twisted around crushing the basket. His diagnoses included cervicalgia and pain in joint upper arm. Prior treatment included acupuncture, diagnostics and medications. He presented on 03/18/2015 with complaints of neck, thoracic and bilateral shoulder pain. He describes the pain as constant and rates it as 7-8/10. Physical exam noted the injured worker had normal tone and bulk in the upper and lower extremities with full strength in the proximal and distal upper and lower extremities. Sensation was normal. Gait was normal. The following treatments are listed as authorized:- Physical therapy twice a week for four weeks; Referral to pain management to consider cervical combined medial branch block and epidural steroid injection of C5-6 region The treatment request for review is: Meloxicam, unknown dosage and quantity; Norco, unspecified dosage and quantity; Terocin patches, unspecified dosage and quantity; Tramadol, unspecified dosage and quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam, unknown dosage and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents on 03/18/15 with thoracic spine and bilateral shoulder pain rated 7-8/10. The patient's date of injury is 10/14/14. Patient has no documented surgical history directed at these complaints. The request is for MELOXICAM, UNKNOWN DOSAGE AND QUANTITY. The RFA was not provided. Physical examination dated 03/18/15 does not include any abnormal physical findings. The patient is currently prescribed Naproxen and Meclizine. Diagnostic EMG/NCV of the upper extremities dated 02/26/15 was provided, significant findings include: "Right active C6 denervation... no other evidence of active cervical radiculopathy was noted..." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In regard to the unspecified prescription of Meloxicam, the provider has failed to specify a dosage or amount to be dispensed by the pharmacy. It is not clear how long this patient has been prescribed Meloxicam or to what effect. A review of the records provided could not clarify the provider's intent for this medication. While NSAID medications such as Meloxicam are considered first line medications for many conditions, without an appropriate dosage or number of tablets to be provided to the patient, the request cannot be substantiated. The request IS NOT medically necessary.

Norco, unspecified dosage and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

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

Decision rationale: The patient presents on 03/18/15 with thoracic spine and bilateral shoulder pain rated 7-8/10. The patient's date of injury is 10/14/14. Patient has no documented surgical history directed at these complaints. The request is for NORCO, UNSPECIFIED DOSAGE AND QUANTITY. The RFA was not provided. Physical examination dated 03/18/15 does not include any abnormal physical findings. The patient is currently prescribed Naproxen and Meclizine. Diagnostic EMG/NCV of the upper extremities dated 02/26/15 was provided, significant findings include: "Right active C6 denervation... no other evidence of active cervical radiculopathy was noted..." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse 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. In regard to the unspecified prescription of Norco, the provider has failed to specify a dosage or amount to be dispensed by the pharmacy. It is not clear how long this patient has been prescribed Norco or to what effect. A review of the records provided could not clarify the provider's intent for this medication. Without an appropriate dosage or number of tablets to be provided to the patient, the request cannot be substantiated. The request IS NOT medically necessary.

Tramadol, unspecified dosage and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

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

Decision rationale: The patient presents on 03/18/15 with thoracic spine and bilateral shoulder pain rated 7-8/10. The patient's date of injury is 10/14/14. Patient has no documented surgical history directed at these complaints. The request is for TRAMADOL, UNSPECIFIED DOSAGE AND QUANTITY. The RFA was not provided. Physical examination dated 03/18/15 does not include any abnormal physical findings. The patient is currently prescribed Naproxen and Meclizine. Diagnostic EMG/NCV of the upper extremities dated 02/26/15 was provided, significant findings include: "Right active C6 denervation... no other evidence of active cervical radiculopathy was noted..." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse 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. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the unspecified prescription of Tramadol, the provider has failed to specify a dosage or amount to be dispensed by the pharmacy. It is not clear how long this patient has been prescribed Tramadol or to what effect. A review of the records provided could not clarify the provider's intent for this medication. Without an appropriate dosage or number of tablets to be provided to the patient, the request cannot be substantiated. The request IS NOT medically necessary.

Terocin patches, unspecified dosage and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Lidoderm (Lidocaine patch).

Decision rationale: The patient presents on 03/18/15 with thoracic spine and bilateral shoulder pain rated 7-8/10. The patient's date of injury is 10/14/14. Patient has no documented surgical history directed at these complaints. The request is for TEROCIN PATCHES, UNSPECIFIED DOSAGE AND QUANTITY. The RFA was not provided. Physical examination dated 03/18/15 does not include any abnormal physical findings. The patient is currently prescribed Naproxen and Meclizine. Diagnostic EMG/NCV of the upper extremities dated 02/26/15 was provided, significant findings include: "Right active C6 denervation... no other evidence of active cervical radiculopathy was noted..." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment guidelines, page 112 under Lidocaine Indication: "topical Lidocaine may be 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG Pain chapter, under Lidoderm -Lidocaine patch- specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." In regard to Terocin patches - which contain Lidocaine and Menthol - the patient does not present with peripheral and localized neuropathic pain. The patient has thoracic spine and bilateral shoulder pain. This is not a localized neuropathic pain amenable to topical Lidocaine patches, which are not indicated for neck pain or axial chronic pain. It is not clear how long this patient has been prescribed this medication or to what effect, however Terocin patches are not supported by guidelines for this patient's chief complaint. Furthermore, the provider has failed to specify the number of patches to be provided to the patient. Therefore, request IS NOT medically necessary.