MAXIMUS Federal Services

Case Number:	CM15-0196943		
Date Assigned:	11/04/2015	Date of Injury:	02/03/2015
Decision Date:	12/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 35 year old male, who sustained an industrial injury on 2-3-15. The injured worker was diagnosed as having cervical spine musculoligamentous strain-sprain; lumbar spine musculoligamentous strain-sprain; lumbar discogenic disease; fractured left transverse process T12; chest wall contusion; history of left 12th rib fracture; bilateral shoulder sprain-strain; insomnia. Treatment to date has included physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 8-10-15, the provider documents the injured worker complains of "pain in the neck, mid-upper back, lower back and bilateral shoulders. On a scale of 0-10, with 10 representing the worst, his pain in the neck is rated as a 5 out of 10 which is decreased from 9 out of 10 on the last visit and 8 out of 10 in the mid-upper back and lower back and bilateral shoulders which has decreased from 9 out of 10 on the last visit." The objective findings for the cervical, thoracic, lumbar spine and bilateral shoulders are grade 2-3 tenderness to palpation which the provider notes "has decreased from grade 3 on the last visit." The provider notes the injured worker reports treatment helps, chiropractic therapy helps decrease pain and tenderness by improving function and activities of daily living by 10%. He is pending authorization of an MRI for the cervical spine and x-rays of the lumbar spine. The medical documentation submitted for review does not define the initial date of when these medications were prescribed. Utilization Review denied the urine drug screening due to the modification of the Tramadol request. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-8-15 and NON-CERTIFICATION for Terocin patches #30 and one urine toxicology screen. Utilization Review MODIFIED THE CERTIFICATION for Tramadol 50mg, #60 to

allow #45 and deny the remaining #15 for the purpose of weaning. A request for authorization has been received for Tramadol 50mg, #60; Terocin patches #30 and one urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The claimant is a 35 year-old male with date of injury of 2/3/2015 with chronic neck, back and shoulder pain. The request is for ongoing use of Tramadol. Tramadol is a centrally-acting opioid indicated for moderate to severe pain. It is not recommended for long-term use, unless there is documented pain relief and functional improvement. In this case, the claimant's pain has actually worsened since starting the opioid. Therefore the Tramadol is no longer indicated and is not medically necessary or appropriate.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is for Terocin patches, a compounded product containing Lidocaine, menthol, capsaicin and methyl salicylate. CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Lidocaine is only recommended in the form of a Lidoderm patch, therefore the Terocin patch is not recommended. In addition Capsaicin is only recommended when all other medications are not tolerated, and there is no evidence of this in the records. Menthol has no therapeutic effect. Methyl salicylate is available in over-the-counter preparations. Therefore the request is not medically necessary or appropriate.

One urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction, Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: CA MTUS supports urine drug testing (UDS) when the patient is being prescribed opioids to assess for compliance and use of illegal drugs. Those at high risk for abuse should have more frequent UDS versus low risk patients who may only require annual testing. In this case weaning from the opioid Tramadol has been recommended, therefore a UDS is not medically necessary or appropriate.