

Case Number:	CM15-0040784		
Date Assigned:	04/03/2015	Date of Injury:	10/05/1999
Decision Date:	05/15/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/03/2015

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 57-year-old male who reported an injury on 10/05/1999. The mechanism of injury was not provided. The documentation of 02/04/2015 revealed the injured worker had an exceptional amount of stress and pain. The injured worker had numbness, tingling, and weakness throughout his lower extremities. The medications included Oxycodone hydrochloride 15 mg one every 6 hours for breakthrough pain, Abilify 2 mg 4 tablets daily, Alprazolam 1 mg one tablet every 8 hours, Butrans 20 mcg per hour apply patch to skin change every 7 days, Cymbalta 60 mg one tablet daily, Lidoderm 5% patches, Rozerem 8 mg one tablet daily, Senna Lax 8.6 mg one daily as needed for severe constipation, trazodone 150 mg one tablet at bedtime, a new prescription for Terocin lotion 120 mL apply to affected area as needed for pain, and bupropion hydrochloride XL 150 mg 3 tablets daily. The treatment plan included the injured worker had a troubling experience with the psychiatric QME. The injured worker had a significant amount of anxiety. The injured worker went to the QME feeling quite depressed and anxious, as he was having increased pain. The injured worker was questioned about missing previous appointments and stated he felt threatened and intimidated in relationship to the questioning. The injured worker indicated he responded angrily. He indicated the police had to be called and he was not taken into custody. The injured worker was remorseful; however, he indicated there was a miscommunication. The treatment plan included another psychiatrist for evaluation to help with mood and affect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387 and 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker had evidence of depression, anxiety, or irritability. However, the injured worker was noted to be evaluated by a psychiatrist previously. The documentation indicated the evaluation did not go well. However, the injured worker indicated he was feeling quite depressed and anxious when he met with the psychiatric QME. As such, this request would be supported for a different psych evaluation. Given the above, the request for psych evaluation is medically necessary.

Terocin 120ml bottle QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Terocin>.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to provide documentation of a failure of antidepressants and anticonvulsants. There was a lack of documented rationale to support the use of two topical medications containing lidocaine. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the frequency for the requested medication and the body

part to be treated. Given the above, the request for Terocin 120 mL bottle qty 1 is not medically necessary.

Lidoderm 5% patch #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Capsaicin, Salicylate, Menthol Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of a failure of first line therapy. There was a lack of documented rationale to support the use of two topical medications containing lidocaine. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the body part to be treated. Given the above, the request for Lidoderm 5% patch #30 with 3 refills is not medically necessary.

Oxycodone HCL 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management, criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior. The injured worker was being monitored for, and had a side effect of severe constipation. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for oxycodone hydrochloride 15 mg #90 is not medically necessary.

Sennalax 8.6mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker was to use the medication for severe constipation. However, there was a lack of documentation indicating the efficacy for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Senna Lax 8.6 mg #60 with 3 refills is not medically necessary.

Abilify 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Aripiprazole (Abilify).

Decision rationale: The Official Disability Guidelines indicate that Abilify is not recommended as a first line treatment. Antipsychotics are a first line psychiatric treatment for schizophrenia. The clinical documentation submitted for review failed to provide a rationale for the use of the medication. The efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Abilify 2 mg #120 is not medically necessary.

Alprazolam 1mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline

recommendations. The efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Alprazolam 1 mg #80 is not medically necessary.

Bupropion HCL XL 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker was assessed for a change in sleep quality and duration and psychological assessment. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The request a submitted failed to indicate the frequency for the requested medication. Given the above, the request for Bupropion HCL XL 150mg #60 is not medically necessary.