

Case Number:	CM15-0042120		
Date Assigned:	03/12/2015	Date of Injury:	09/09/2013
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 30-year-old man sustained an industrial injury on 9/9/2013 after he was rear-ended while driving a company car. Current diagnoses include lumbar strain, lumbosacral strain, myofascial strain, lumbosacral radiculopathy, lumbosacral disc dessication, lumbosacral disc degenerative disease, neural foraminal impingement, and chronic low back pain. Treatment has included oral medications and epidural steroid injection. Physician notes dated 1/28/2015 show complaints of chronic low back pain. Recommendations include continue Percocet, Xanax, Robaxin, Terocin patches, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiate users recommended patience with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are chronic low back pain; lumbosacral strain; lumbosacral radiculopathy; lumbosacral disc desiccation; and disc degenerative disease. The documentation shows the injured worker was taking Percocet as far back as November 26, 2014. Percocet was continued through February 25, 2015 when the treating physician requested a refill for Percocet. There is no documentation evidencing objective functional improvement with ongoing Percocet use. There are no detailed pain assessments in the medical record (with ongoing opiate use). There are no risk assessments. Consequently, absent compelling clinical documentation with objective functional improvement to gauge ongoing Percocet's efficacy, Percocet 10/325mg is not necessary.

Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patches are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaisin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are chronic low back pain; lumbosacral strain; lumbosacral radiculopathy; lumbosacral disc desiccation; and disc degenerative disease. Terocin appears for the first time in a January 28, 2015 progress note. The language indicates the topical analgesic has been used by the injured worker based on Terocin is helping. There is no documentation evidencing objective functional improvement with ongoing Terocin patch. Consequently, absent clinical documentation evidencing objective functional improvement to gauge Terocin patch efficacy, Terocin patches is not medically necessary.

Robaxin: 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): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic low back pain; lumbosacral strain; lumbosacral radiculopathy; lumbosacral disc desiccation; and disc degenerative disease. Robaxin does not appear in the medical record until January 28, 2015. The request for a refill appears in the February 25, 2015 progress note. There is no documentation evidencing objective functional improvement. Additionally, Robaxin is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. No documentation of an acute exacerbation in the injured worker and the treating physician has exceeded the recommended guidelines for short-term use (less than two weeks). There are no directions or quantity for the Robaxin. Consequently, absent clinical documentation with objective functional movement in excess of the recommended guidelines for short-term use (less than two weeks), Robaxin 750 mg is not medically necessary.