

Case Number:	CM15-0056898		
Date Assigned:	04/01/2015	Date of Injury:	05/23/2014
Decision Date:	08/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on May 23, 2014. She reported injury to her back and left eye. The injured worker was diagnosed as having lumbar muscle strain and lumbar radiculopathy. Treatment to date has included diagnostic studies, medication, chiropractic treatment and physical therapy. On July 14, 2015, the injured worker complained of ongoing low back pain with shooting pain down the leg with numbness and tingling. Medications, physical therapy and chiropractic treatment were noted to be helpful. The treatment plan included medications, transforaminal epidural injection and replacement of transcutaneous electrical nerve stimulation unit pads. On March 24, 2015, Utilization Review non-certified the request for Terocin Patches and Tramadol 150 mg ER #30, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches, quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for radiating low back pain. Medications are referenced as helpful. When seen, she was having intermittent hip pain rated up to 7/10. Physical examination findings included lumbar paraspinal muscle and facet joint tenderness and positive right lumbar facet loading. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Nalfon (fenoprofen) without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Prescribing Terocin patches is not medically necessary.

Tramadol extended release 150mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for radiating low back pain. Medications are referenced as helpful. When seen, she was having intermittent hip pain rated up to 7/10. Physical examination findings included lumbar paraspinal muscle and facet joint tenderness and positive right lumbar facet loading. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.