

Case Number:	CM15-0082844		
Date Assigned:	05/05/2015	Date of Injury:	06/12/2014
Decision Date:	06/10/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 55-year-old male who sustained an industrial injury on 6/12/14. The injured worker was diagnosed as having lumbar facet arthropathy and left lumbar radiculitis. Currently, the injured worker reported complaints of low back pain. Previous treatments included oral steroids, oral pain medication, topical patches, aqua therapy, and activity modification. Documentation notes the injured worker has been authorized for a surgical consultation. The injured worker was noted to not be working, as the employer cannot meet the work restrictions. Previous diagnostic studies included a magnetic resonance imaging, which revealed a large left L4-L5 disc herniation. The injured worker rated their pain at 8 out of 10. Physical examination on 3/6/15 noted tenderness and muscle spasm upon palpation to the lumbar paraspinal muscle, a mildly antalgic gait was noted, as well as a significant flare up of pain with the lumbar facet stress test. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol / APAP 37.5/325mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids for chronic pain Page(s): 115. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol/acetaminophen, California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol/acetaminophen is not medically necessary.

Terocin Patch 4% #10 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin Patch 4%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "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)." Additionally, there is no documentation of analgesic effect or objective functional improvement because of the currently prescribed patch. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. Within the documentation available for review, none of the abovementioned criteria has been documented. It is noted injured worker is on gabapentin however, no failure or effects are documented from the medications. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Terocin Patch 4% is not medically necessary.