

Case Number:	CM14-0119878		
Date Assigned:	09/24/2014	Date of Injury:	04/13/2010
Decision Date:	10/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier knee surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 8, 2014, the claims administrator denied a request for a facet injection, topical LidoPro, and topical Terocin while apparently approving a request for Zestril. The applicant's attorney subsequently appealed. In an August 19, 2014 progress note, the applicant reported persistent complaints of low back pain and knee pain, 6-8/10. The applicant was having difficulty with standing and walking activities. The applicant was using knees to move about. The applicant had developed issues with depression, it was further noted. The applicant was not working and not receiving any income, it was acknowledged. The applicant's wife was performing most of the household chores. The attending provider complained that the applicant had denied Zestril, an antihypertensive medication, in an applicant with a history of stroke. Prescriptions for tramadol, Zestril, LidoPro, Terocin, and knee braces were sought. The applicant was not working, it was acknowledged. A facet injection was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral for facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8, page 309..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, as are being sought here, are "not recommended." In this case, the attending provider failed to furnish any compelling applicant-specific information or medical evidence which would offset the unfavorable ACOEM position on the article at issue. It is further noted that the applicant's concurrent symptoms of depression, leg pain, knee pain, elbow pain, etc., generate a considerable lack of diagnostic clarity. The attending provider did not outline any evidence to support the provision that the applicant's pain was, in fact, facetogenic in nature for which the facet joint injection in question could be considered. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

1 prescription for Lidopro topical ointment 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic.MTUS 9792.20f Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as LidoPro, as a class, are deemed "largely experimental." In this case, the applicant has already received LidoPro, despite the unfavorable MTUS position on the article at issue. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant is off of work. The applicant remains dependent on opioid agents such as tramadol and continues to report pain complaints as high as 6-8/10, despite ongoing LidoPro usage. The applicant is having difficulty performing activities of daily living as basic as standing and walking. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing LidoPro usage. Therefore, the request is not medically necessary.

1 prescription of Terocin patches #30: 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 topic.MTUS 9792.20f. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin, are, as a class, deemed "largely experimental." In this case, the applicant has already received and been using Terocin, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit through prior usage of Terocin. The applicant remains off of work. Persistent complaints of pain at the 6-8/10 level are noted. The applicant is having difficulty performing activities of daily living as basic as standing and walking. Ongoing usage of Terocin has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.