

Case Number:	CM14-0141513		
Date Assigned:	09/10/2014	Date of Injury:	10/15/2003
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 70 year old male who reported an injury on 10/15/2003. The mechanism of injury was not provided. His diagnoses included lumbar spine spondylosis. The past treatment was medication, cortisone injections, acupuncture, physical therapy, chiropractic therapy and home exercise program. The diagnostic studies included urine toxicology screenings and an MRI from 2004, the results were not documented. There was no relevant surgical history provided. On 07/25/2014, the injured worker complained of pain to the lumbar spine. He rated the pain at an 8/10 on the pain scale. He had limitations in his activities of daily living by 60% of normal. He reported that medications helped reduce his symptoms by approximately 85%. Upon physical examination, he was noted to have tenderness palpable with spasm over the paravertebral musculature bilaterally. The medications were noted to be Naproxen, Hydrocodone, Colace, and Omeprazole. The treatment plan was to continue with medications, request authorization for Terocin patches, and authorize a request to continue with the gym membership for one year. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 111-112.

Decision rationale: The request for Terocin patches is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Terocin patches consist of lidocaine and menthol. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. There are no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker was noted to have an 8/10 pain, and reported that his pain medication helped reduce his symptoms by approximately 85%. The guidelines do not recommend the use of lidocaine for disorders other than post-herpetic neuralgia which does not support the request. Therefore, the request is not medically necessary.

Unknown prescription for Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for unknown prescription for Soma is not medically necessary. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. The injured worker was noted to have an 8/10 pain, and reported that his pain medication helped reduce his symptoms by approximately 85%. The guidelines do not recommend Soma, and as the request is written there is no dose or frequency provided to support the request. Therefore, the request is not medically necessary.