

Case Number:	CM14-0144384		
Date Assigned:	09/12/2014	Date of Injury:	01/09/2012
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 52-year-old male, who has submitted a claim for Cervical and Lumbar HNP with radiculopathy associated with an industrial injury date of January 9, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck pain, 8/10 on pain scale and mid and low back pain, 6-7/10 on pain scale. There was also persistent numbness, tingling and burning down on bilateral lower extremities radiating to her toes. Numbness, tingling and burning sensation was also noted on the right arm through her fourth and fifth digits. Patient also complained of persistent right shoulder pain and had difficulty sleeping at night. Physical examination showed decreased ROM (range of motion) throughout all planes in the cervical, thoracic and lumbar spine. Decreased sensation was noted at the dermatomal levels of right C5, C6, C7 and C8. There was also decreased sensation at the dermatomal levels of left L3, L4, L5 and S1. Motor examination were as follows: 3/5 on the right deltoid, biceps, internal rotators and external rotators; 4/5 on the left deltoid, biceps, internal and external rotators; 4/5 on bilateral wrist extensors and wrist flexors; 4/5 on left psoas, quadriceps and hamstring; 4/5 on right psoas, quadriceps and hamstring; 4/5 on right tibialis anterior and extensor hallucis longus; 3/5 on left tibialis anterior and extensor hallucis longus; 4/5 on right inverters, plantar flexors and everters; 3/5 on left inverters, plantar flexors and everters. Spurling's is positive on the left causing pain to the biceps. Straight leg raise was positive bilaterally at 60 degrees with pain to the calf. Lasegue's test was positive bilaterally. Nerve conduction study dated October 7, 2013 showed left L5-S1 radiculopathy. Nerve conduction study dated December 17, 2013 showed intermediate axillary neuropathy on the right upper extremity. MRI of the cervical spine dated January 30, 2014 showed degenerative disc disease and facet arthropathy with retrolisthesis C3-C4 through C6-C7; canal stenosis C5-C6 mild to moderate and C6-C7 mild canal stenosis; neural foraminal narrowing includes C2-C3 moderate

to severe, left and C5-C6 severe left neural foraminal narrowing. MRI of the thoracic spine dated January 30, 2014 showed degenerative disc disease with T10-11, left paracentral protrusion without evidence for spondylolisthesis, compression deformity or significant focal protrusions, canal stenosis or neural foraminal narrowing. MRI of the lumbar spine dated January 30, 2014 showed degenerative disc disease and facet arthropathy with retrolisthesis L4-5 and L5-S1 and canal stenosis at L3-L4, mild canal stenosis. Treatment to date has included Terocin patches (since May 2014), amitriptyline, Ambien, Norco (since 2012), tramadol, ketoprofen, gabapentin, Flexeril, Advil, Aleve, Tylenol, Norflex, Lyrica, Synthroid, Phenergen, Voltaren, acupuncture, chiropractic treatment, shoulder surgery and TENS. Utilization review from August 21, 2014 denied the request for Terocin patch because evidenced based guidelines do not consistently support compounded medications. The request for Hydrocodone was denied because there is no clear documentation of recent urine drug screen, risk assessment profile and pain contract. Pain psychology follow-up was also denied because there was no clear documentation of ongoing improvement as there was not clinical data from the psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch Box (10 patches) #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient's clinical manifestations were consistent with neuropathic pain. Patient was initially on amitriptyline; however, persistence of symptoms prompted adjuvant therapy with lidocaine patch since May 2014. Records reviewed did not note any improvement on the functional status of the patient with medication use. There was no clear indication for its persistent use. Therefore, the request for Terocin Pain Patch Box (10 patches) #2 was not medically necessary.

Hydrocodone / APAP 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on hydrocodone/APAP since 2012. Although pain relief was reported with medications, there was no objective evidence of functional improvement with opioids. Likewise, there was no regular urine drug screen noted prior to the initiation of opioids. In addition, no pain contract was noted on the documents reviewed. Therefore, the request for Hydrocodone/APAP 5/325mg #90 is not medically necessary.

Pain psychology follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, documents reviewed did not show ongoing improvement on the functional status of the patient. Likewise, there was no report from the psychologist indicating a problem-focused interval history, an expanded problem-focused examination and medical decision-making in order to evaluate the pain status of the patient. Moreover, the request failed to specify number of follow-up sessions. Therefore, the request for Pain psychology follow-ups is not medically necessary.