

Case Number:	CM14-0183326		
Date Assigned:	11/10/2014	Date of Injury:	01/01/2009
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old male with an injury date on 01/01/2019. Based on the 10/07/2014 progress report provided by the treating physician, the diagnoses are:1. Lumbar degenerative disc disease2. Cervical degenerative disc disease3. Lumbosacral or Thoracic; NeuritisAccording to this report, the patient complains of continued pain in the neck with radiation to the left arm and low back with radiation to the left leg. Pain is rated as a 6/10. The 08/05/2014 report indicates pain is rated as a 7/10. "The patient reports that the medications help him 'a lot' and reduce his pain by 50%, however the effects are temporary. He denies any side effects from the medications."Physical exam findings were not included in the reports for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/24/2014. The requesting provider provided treatment reports from 05/08/2014 to 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: According to the 10/07/2014 report, this patient presents with continued pain in the neck with radiation to the left arm and low back with radiation to the left leg. The treater is requesting Ultracet 37.5/325mg, #90. Ultracet first noted in the 08/05/14 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs (activities of daily living), adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 08/05/2014 report, "the patient reports that the medications help him 'a lot' and reduce his pain by 50%, however the effects are temporary. He denies any side effects from the medications." Pain ranges from a 6 to a 7 the pain scale. In this case, report shows documentation of analgesia with pain ranging from 7/10 to 6/10 describing the patient's pain and function. Other than these, the documentation lack documentation regarding ADL's, side effects, other opiates management issues such as UDS (urine drug screen) and CURES, and behavioral issues. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Change in work status, or return to work attributed to use of Ultracet were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream chronic pain Page(s): 111-113.

Decision rationale: According to the 10/07/2014 report, this patient presents with continued pain in the neck with radiation to the left arm and low back with radiation to the left leg. The treater is requesting Terocin 120ml a "topical analgesic." Terocin contains methyl salicylate, capsaicin, lidocaine and menthol. The MTUS Guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present

with peripheral joint problems to warrant a compound product with salicylate. Furthermore, the MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither lidocaine, nor salicylates are indicated for this patient. Therefore, the request is not medically necessary.

Gabapentin 300mg, #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 18, 19, 49.

Decision rationale: According to the 10/07/2014 report, this patient presents with continued pain in the neck with radiation to the left arm and low back with radiation to the left leg. The treater is requesting Gabapentin 300mg, #30 with 1 refill. Gabapentin was first noted in this report and it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, ODG Guidelines recommend for neuropathic pain (pain due to nerve damage), but not for acute somatic pain. Review of reports indicates that the patient has neuropathic pain and "medications help him 'a lot' and reduce his pain by 50%." The ODG guidelines support the use of anti-convulsants for neuropathic pain; therefore, the request is medically necessary.