

Case Number:	CM14-0217927		
Date Assigned:	01/07/2015	Date of Injury:	07/08/2011
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male, with a reported date of injury of 07/08/2011. The results of the injury were neck pain and low back pain. The current diagnosis includes post laminectomy syndrome, lumbar stenosis, lumbar disc disease, sacroilitis, and cervical disc disease. The past diagnoses include lumbar stenosis, lumbar disc disease, sacroilitis, cervical disc disease, and post laminectomy syndrome. Treatments have included an MRI of the left leg, with negative results; electromyography (EMG), which revealed peroneal injury, mild left sural nerve injury, left L5-S1 radiculopathy, without acute denervation, mild right peroneal nerve injury, and mild right sural nerve injury; an MRI of the lumbar spine on 08/26/2013; Norco 10-325mg #120; Terocin patches; Ambien 10mg #30; chiropractic therapy; acupuncture therapy; braces; and bilateral laminotomy and partial facetectomy with diskectomy at L4-5 and L5-S1. The diagnostic reports, chiropractic reports, and acupuncture reports were not included in the medical records provided for review. The progress report (PR-2) dated 11/13/2014 indicates that the injured worker complained of bilateral low back pain and bilateral lower extremity radicular pain. An examination of the cervical spine showed moderate tenderness to palpation over the posterior cervical spine and bilateral trapezius muscles; and diminished range of motion. An examination of the lumbar spine showed mild tenderness to palpation bilaterally in the paraspinous muscles with 2+ spasm; diminished range of motion with flexion to 30 degrees, extension to 10 degrees, and right and left lateral bending to 10 degrees; positive bilateral straight leg raising test in the sitting position at 30 degrees, left greater than the right. The treating physician noted that the injured worker's condition was unimproved. The rationale for the request for Terocin patches

and Ambien was not indicated. The injured worker was temporarily totally disabled. On 12/03/2014, Utilization Review (UR) denied the request for Ambien 10mg #30 and Terocin patches #30. The UR physician noted that there was no documentation of the injured worker having difficulty sleeping and there was little evidence to support the use topical non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of osteoarthritis of the spine, hip, or shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC and Mobsby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, for Zolpidem Ambien

Decision rationale: Diagnoses include lumbar stenosis; lumbar disc disease; sacroiliitis; cervical disc disease; post laminectomy syndrome. The report states there is no improvement and they may consider S1 fusion in the future. The 11/13/14 report appears to be the first report that shows a prescription for Ambien for sleep disturbance, and Terocin patches. The 8/8/14 report first discusses the patient's sleep problems from back and leg cramps and inability to find a comfortable position. None of the provided medical reports discuss a rationale for Terocin patches or document a trial of first-line therapy for neuropathic pain. On 12/03/14 utilization review denied Ambien, because ODG states it is only used for 2-6 weeks. MTUS does not discuss Ambien/zolpidem, so ODG guidelines were consulted. ODG-TWC guidelines, Pain chapter, for Zolpidem, Ambien states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term [7-10 days] treatment of insomnia. The prescription for Ambien 10mg, 1 qhs, #30 is for 30-days which exceeds the ODG guidelines recommendation. The request for Ambien 10mg, #30, IS NOT medically necessary.

Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Low Back Chapter for Biofreeze 1/2 cryotherapy gel

Decision rationale: The patient is a 53 year-old male with a 7/08/2011 date of injury. According to the 11/13/14 neurology report, the patient presents with low back and bilateral lower extremity radicular pain. He has had chiropractic and acupuncture, and on 6/24/13 underwent posterior and lateral L4/5 and L5/S1 fusion, discectomy, facetectomy, laminotomy. Exam shows decreased sensation to pinprick in the left posterolateral thigh, calf and foot. Diagnoses include lumbar

stenosis; lumbar disc disease; sacroiliitis; cervical disc disease; post laminectomy syndrome. The report states there is no improvement and they may consider S1 fusion in the future. The 11/13/14 report appears to be the first report that shows a prescription for Ambien for sleep disturbance, and Terocin patches. The 8/8/14 report first discusses the patient's sleep problems from back and leg cramps and inability to find a comfortable position. None of the provided medical reports discuss a rationale for Terocin patches or document a trial of first-line therapy for neuropathic pain. On 12/03/14 utilization review denied Terocin patches because topical NSAIDs are not for osteoarthritis of the spine, hips or shoulder. The Terocin patch contains Menthol 4% and Lidocaine 4%. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states: Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS had recommendations for the lidocaine 4% patch, but does not specifically discuss menthol. ODG guidelines, Low Back Chapter for Biofreeze cryotherapy gel, states the active ingredient in Biofreeze is menthol, and that it is recommended for acute pain and takes the place of an ice pack for cryotherapy. In this case, the low back pain is in the chronic phase and ice packs or menthol gel would not be indicated. The menthol portion of the Terocin patch is not recommended for chronic pain, therefore the whole Terocin patch cannot be recommended. The request for Terocin patches #30 IS NOT medically necessary.