

Case Number:	CM15-0018493		
Date Assigned:	02/06/2015	Date of Injury:	10/15/2002
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40-year-old [REDACTED] Beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 5, 2002. In a Utilization Review Report dated January 3, 2015, the claims administrator failed to approve a request for Bisacodyl and topical Terocin lotion. The claims administrator referenced a December 11, 2014 progress note in its determination. The claims administrator denied the laxative agent on the grounds that the applicant was reportedly using other laxative agents. On August 20, 2014, the applicant reported persistent complaints of low back pain, 8/10. The applicant was using Seroquel, Cymbalta, and Gralise (gabapentin), it was acknowledged. Persistent complaints of low back pain and back spasms were evident. Dilaudid and Morphine were endorsed. A pain management consultation was also suggested. The applicant was described as having chronic low back pain status post failed lumbar spine surgery. The applicant also had superimposed issues with adjustment disorder and major depressive disorder. The applicant was deemed "permanently medically disabled," stated at end of the report. On July 27, 2014, the applicant reported 8 to 10/10 pain complaints. The applicant was on Bisacodyl, Cymbalta, Colace, Valium, Pepcid, Dilaudid, Naprosyn, Senna, Morphine, Biofreeze, Flexeril, Gralise, Protonix, Terocin lotion, and Naprosyn, it was acknowledged on that date. Several medications were refilled while the applicant was placed off of work. The applicant has had difficulties performing activities of daily living as basic as walking, standing, negotiating stairs, driving, and lifting, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bisacodyl 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 1. No, the request for Bisacodyl, a laxative agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not clearly outline how, why, and/or if the applicant needed to use three separate laxative agents, namely Colace, Senna, and Bisacodyl. The attending provider did not explicitly state whether these laxative agents were or were not effective. Therefore, the request was not medically necessary.

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9.

Decision rationale: 2. Similarly, the request for topical Terocin lotion was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class, are deemed "largely experimental." Here, the applicant has already received Terocin on several prior occasions, despite the unfavorable MTUS position of the same. The applicant has, however, failed to profit from the same. The applicant remains off of work. The applicant has been deemed permanently disabled. The applicant continues to report pain complaints in the severe, 8 to 10/10 range. The applicant is having difficulty performing activities of daily living as basic as standing, walking, lifting, carrying, negotiating stairs, etc., despite ongoing Terocin usage. Ongoing Terocin usage has failed to curtail the applicant's dependence on opioid agents such as Morphine and Dilaudid. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Terocin. Therefore, the request was not medically necessary.

