

Case Number:	CM15-0018999		
Date Assigned:	02/06/2015	Date of Injury:	11/06/2006
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona

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 53-year-old male who reported an injury on 11/06/2006. The injured worker reportedly suffered a lower extremity strain when he stepped down off an excavator. The current diagnoses include lumbar spinal stenosis and knee pain. The injured worker presented on 01/22/2015 for a followup evaluation. It was noted that the injured worker had been previously treated with physical therapy and was awaiting authorization for a Functional Restoration Program. The injured worker was utilizing Vicodin 3 times per day and Terocin patches. Upon examination, sitting straight leg raise caused pain bilaterally, the right medial and lateral joint lines were tender to palpation, and there was 4+/5 motor weakness in the bilateral lower extremities. Recommendations included a lumbar epidural steroid injection and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 10/2014. There was no documentation of objective functional improvement. There was also no documentation of a written consent or agreement for chronic use of an opioid. There was no frequency listed in the request. As such, the request is not medically appropriate.

Terocin patches: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. While it is noted that the injured worker has reported an improvement in symptoms with the use of Terocin patches, there was no evidence of a failure of first line oral medication. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate.