

Case Number:	CM15-0117352		
Date Assigned:	07/01/2015	Date of Injury:	02/01/2004
Decision Date:	08/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 51 year old female injured worker suffered an industrial injury on 02/01/2004. The diagnoses included lumbar disc disorder and lumbar radiculopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications and epidural steroid injections. On 6/5/2015, the treating provider reported back pain radiating from the low back down the left leg rated 4/10 with medications and 6/10 without medications without side effects. She reported her activity level had increased, She reported the frequent spasms to the low back were worse since epidural steroid injections on 5/20/2015. She reported 50% reduction in pain to the left leg pain. She continued to work full time. On exam, she appeared to be in moderate pain with impaired gait. The lumbar spine had reduced range of motion with spasms and tenderness in the muscles. There were decreased sensations of the left leg. She reported she utilized Ambien on an as needed basis. She reported she utilized Soma for moderate spasms and if it was not adequate, she uses Flexeril. The treatment plan included Terocin lotion, Soma, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Terocin lotion 0.025-25-10%, #1 plus 1 refill: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Terocin lotion contained Lidocaine. The only FDA approved Lidocaine for topical use is Lidoderm patch. No other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Even though menthol, capsaicin and methyl salicylate are approved for topical use this cannot be approved due to other components not being medically necessary. Therefore, Terocin lotion is not medically necessary.

1 Prescription of Soma 350mg, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated this medication was used for over 1 year for continued lumbar spasms. There was no evidence of an acute exacerbation. The injured worker continued to work full time. She was also using another muscle relaxant along with this medication. There was no evidence of improvement with muscle spasms and no evidence of specific functional improvement. Therefore, Soma was not medically necessary.

1 Prescription of Ambien CR 12.5mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress, Insomnia, Ambien.

Decision rationale: ODG, Mental Illness/Stress, Insomnia is recommended for short term use, not long term use usually 2 to 6 weeks for the treatment of insomnia. There is concern they may increase pain and depression over the long term. There is a risk of tolerance, dependence and adverse events. The documentation provided indicated this medication had been utilized for over

1 year. It was reported it was being used on an as needed basis; however, there was no specific number of times it was utilized in a week or month. There was no evidence of functional improvement. Therefore, Ambien was not medically necessary.