

Case Number:	CM15-0127118		
Date Assigned:	07/13/2015	Date of Injury:	06/18/2014
Decision Date:	08/10/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

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, Indiana, New York
Certification(s)/Specialty: 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 injured worker is a 46 year old female, who sustained an industrial injury on 6/18/14. The injured worker has complaints of back pain originate in the lower lumbar paraspinals and radiates at times upwards toward the mid back and downwards toward the buttock region with a history of right leg numbness. The documentation noted tenderness at the paracervical muscles, rhomboids and trapezius and lumbar spine range of motion is restricted with flexion limited to 30 degrees due to pain and is restricted with extension limited to 25 degrees due to pain. The diagnoses have included disc disorder lumbar; lumbar facet syndrome and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) on 8/13/14 showed L-L5 mild disc desiccation and diffuse posterior and lateral annulus bulging, proximally 5 millimeter and there may be slight impingement on the exiting left L5 nerve; L5-S1 (sacroiliac) posterior and lateral annulus bulging, 4 millimeter laterally, less severe similar findings noted at L3-L4 level, there is mild bilateral L3-L4 and moderate bilateral L4-L5 and L5-S1 (sacroiliac) neural foraminal stenosis; terocin patch; cyclobenzaprine; norco and ibuprofen. The request was for functional restoration program evaluation and terocin patch 4% #30 refills, 0 (dispensed 6/9/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program evaluation is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are disk disorder lumbar; lumbar facet syndrome; lumbar radiculopathy; low back pain; and backache NOS. The date of injury is June 18, 2014. The request for authorization is June 9, 2015. Subjectively, the injured worker has complaints of upper and lower back pain. Objectively, there is tenderness palpation with spasm at the cervical and lumbar paraspinal muscle groups with decreased range of motion. Motor function and sensory examination were unremarkable. The injured worker received 12 sessions of physical therapy and chiropractic treatment with no benefit. The injured worker received an epidural steroid injection on October 28, 2014 with less than one month relief. Neuropathic medicines were attempted but not helpful. The original treating provider deemed the injured worker permanent and stationary as of December 2014. The most recent treating provider (PM&R) indicated the injured worker did not reach maximal medical improvement and was not permanent and stationary. The documentation indicates the injured worker quit her job and was presently unemployed. Additionally, the PM&R indicated the injured worker can work with restrictions for lifting. The documentation indicates the injured worker function independently and can return to work with restrictions. There is no clinical indication for a functional restoration program. Based on clinical information and medical record and the peer-reviewed evidence-based guidelines, functional restoration program evaluation is not medically necessary.

Terocin patch 4% #30 Refills: 0 (Dispensed 6/9/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patch 4% # 30, refills zero (dispense June 9, 2015) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Terocin contains lidocaine, Capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are disk disorder lumbar; lumbar facet syndrome; lumbar radiculopathy; low back pain; and backache NOS. Date of injury is June 18, 2014. Request for authorization is dated June 9, 2015. Subjectively, the injured worker has complaints of upper and lower back pain. Objectively, there is tenderness palpation with spasm at the cervical and lumbar paraspinal muscle groups with decreased range of motion. Motor function and sensory examination were unremarkable. The injured worker received 12 sessions of physical therapy and chiropractic treatment with no benefit. The injured worker received an epidural steroid injection on October 28, 2014 with less than one-month relief. Neuropathic medicines were attempted but not helpful. The most recent documentation indicates the injured worker is taking cyclobenzaprine, Norco 5 mg and ibuprofen. Within the body of the progress note dated June 9, 2015, the treating provider prescribed neuropathic medications. Those specific neuropathic medications are not documented and the duration of use is not documented. There is no documentation of failed first-line treatment for neuropathic pain with antidepressants and anti-convulsants. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Terocin patch 4% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin patch 4% # 30, refills zero (dispense June 9, 2015) is not medically necessary.