

Case Number:	CM15-0127600		
Date Assigned:	07/14/2015	Date of Injury:	08/27/2009
Decision Date:	09/10/2015	UR Denial Date:	06/25/2015
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: 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 injured worker is a 58 year old female, who sustained an industrial injury on 08/27/2009. According to a progress report dated 06/12/2015, the injured worker complained of low back pain that radiated down both legs. She sometimes felt pain to the back of her leg down to both feet. She was currently working but at the end of the day she had marked pain to her low back radiating down her legs. Terocin patches had been very helpful. TENS (transcutaneous electrical nerve stimulation) unit had been helpful in relieving her pain and discomfort. Objective findings included mild tenderness diffusely across the lower lumbar spine with mild spasm. Lumbar flexion brought fingertips level to the knees. She extended 20 degrees, tilted to the right and left 30 degrees and reported lower back pain at each limit. There was 5/5 motor strength in all motor groups and both lower extremities. There was slight decreased sensation in the S1 dermatome left lower extremity. Knee and ankle reflexes were 2+ and symmetric. The provider noted straight leg raise and Lasegue's negative bilateral knee. The treatment plan included TENS patches, Skelaxin, Terocin patches and Tramadol. An prescription was written for Terocin patch (Lidocaine 4%/Menthol 4%) apply 1 patch topically 1 to 2 times daily (do not exceed 3 patches per day) and for Exoten-C lotion (methyl salicylate 20%/Menthol 10% and Capsaicin 0.02% massage a small amount into affected area(s) three times a day as directed by physician, Skelaxin 400 mg #90 and Tramadol/acetaminophen 37.5/325 mg every 8 hours as needed for pain #120. An authorization request dated 06/19/2015 was submitted for review. Diagnoses included sciatica, lumbar disc displacement and lumbago. The request for Tramadol was for 400 mg instead of 37.5mg that was noted on the prescription. Currently under review is the request

for Lidocaine 4%/Menthol 4% patch #30 with two refills, Exoten-C lotion Methyl salicylate 20%/Menthol 10%/Capsaicin 0.002% #1 with two refills and Tramadol 400 mg #120 per 06/12/2015 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4% / Menthol 4% patch, per 06/12/15 order #30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Topical Analgesics Page(s): 9, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guidelines state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no discussion of trial and failure of antidepressants or anticonvulsants. Terocin patches contain lidocaine and menthol. CA MTUS Guidelines recommends topical lidocaine only in the form of the Lidoderm patch for neuropathic pain. Any topical agent with lidocaine is not recommended if it is not Lidoderm. Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. In this case, there was no discussion of trial and failure of antidepressants or anticonvulsants. The prescription Terocin patch contains lidocaine in the unapproved form. There is a lack of functional improvement with previous use of this medication. Documentation did not show sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with previous use of requested treatment. Medical necessity was not established. The requested treatment is not medically necessary.

Exoten-C lotion Methyl salicylate 20% / Menthol 10% / Capsaicin 0.002%, per 06/12/15 order #1 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 105, 111-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no discussion of trial and failure of

antidepressants or anticonvulsants. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Tramadol 400mg, per 06/12/15 order #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Goals should be set and continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessment should be made. Function should include social, physical, psychological, daily and work activities and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. The patient should have at least one physical and psychosocial assessment by the treating provider (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan and the informed consent. There should be consideration of a urine drug screen to assess for the use or the presence of illegal drugs. For intermittent pain short-acting opioids are recommended one medication at a time. Only 1 drug at a time should be changed. In this case, there was no documentation showing that the injured worker had trialed and failed non-opioid analgesics. Baseline pain and functional assessments were not performed using a validated instrument or numerical rating scale. The request of Tramadol 400 mg differs from the prescription that was written for Tramadol 37.5/325 mg. Medical necessity for the requested treatment was not established. The requested treatment was not medically necessary.