

Case Number:	CM15-0175736		
Date Assigned:	09/17/2015	Date of Injury:	01/09/2013
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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
 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:

This injured worker is a 68 year old female, who sustained an industrial injury on 01-09-2013. The injured worker was diagnosed as having headache, cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion and lumbar radiculopathy. On medical records dated 05-27-2015, subjective complaints were noted as having constant headache pain rated at 5 out of 10, neck pain radiating to the upper extremities with numbness and tingling in the arms and constant low back pain that radiates to the left lower extremity rated as 6 out of 10. The objective findings were noted as cervical spine having tenderness to palpation along the upper trapezius muscles bilaterally with palpable spasms and Spurling test was negative bilaterally. Lumbar spine was noted to have tenderness to palpation along the paravertebral muscles bilaterally, palpable spasms along the paravertebral muscles of the lumbar spine bilaterally and straight leg raise was positive on the right. The injured worker's work status was noted to be permanent and stationary. Treatment to date included medication; laboratory studies and home exercise program. The Utilization Review (UR) was dated 08-10-2015. The UR submitted for this medical review indicated that the request for Tramadol, Terocin patch, and Naproxen was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The patient presents on 08/10/15 with headaches rated 8/10, and constant lower back pain rated 8/10 which radiates into the left lower extremity. The patient also complains of intermittent neck pain rated 7/10 which radiates into the bilateral upper extremities. The patient's date of injury is 01/09/13. The request is for TRAMADOL 150MG #60. The RFA was not provided. Physical examination dated 08/10/15 reveals tenderness to palpation along the lumbar spine and paravertebral muscles bilaterally, with positive straight leg raise test noted bilaterally. The patient is currently prescribed Naproxen, Tramadol, and Terocin patches. Patient is currently classified as permanent and stationary. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Guidelines, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress notes dated 08/10/15 does not specifically address the efficacy of this patient's medication regimen. While the provider indicates that this patient missed their previous appointment and has run out of medications, there is no discussion of prior efficacy, either. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that this patient is non-compliant with her medications. However, the provider does not include any measures of analgesia via a validated scale, any activity-specific functional improvements, or include a statement regarding a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

Terocin patch #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The patient presents on 08/10/15 with headaches rated 8/10, and constant lower back pain rated 8/10 which radiates into the left lower extremity. The patient also complains of intermittent neck pain rated 7/10 which radiates into the bilateral upper extremities. The patient's date of injury is 01/09/13. The request is for TEROGIN PATCH #20. The RFA was not provided. Physical examination dated 08/10/15 reveals tenderness to palpation along the lumbar spine and paravertebral muscles bilaterally, with positive straight leg raise test noted bilaterally. The patient is currently prescribed Naproxen, Tramadol, and Terocin patches. Patient is currently classified as permanent and stationary. Terocin patches contain a mixture of Lidocaine and Menthol. MTUS Guidelines, Topical Analgesics section, page 112 has the following under Lidocaine Indication: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels, are indicated for neuropathic pain. MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain, Recommended for localized peripheral pain." In regard to the request for Terocin patches, this medication is not supported for this patient's chief complaint. This patient presents with lower back pain, headaches, and cervical pain with a radicular component, not a localized neuropathic pain amenable to topical Lidocaine. While topical Lidocaine is considered appropriate for peripheral neuropathic complaints, the provider does not specify where these patches are to be applied for a complaint of this nature. Such patches are only supported for a localized peripheral neuropathic pain, without evidence that this patch is being utilized for such a complaint, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents on 08/10/15 with headaches rated 8/10, and constant lower back pain rated 8/10 which radiates into the left lower extremity. The patient also complains of intermittent neck pain rated 7/10 which radiates into the bilateral upper extremities. The patient's date of injury is 01/09/13. The request is for NAPROXEN 550MG #120. The RFA

was not provided. Physical examination dated 08/10/15 reveals tenderness to palpation along the lumbar spine and paravertebral muscles bilaterally, with positive straight leg raise test noted bilaterally. The patient is currently prescribed Naproxen, Tramadol, and Terocin patches. Patient is currently classified as permanent and stationary. MTUS Guidelines, Anti-inflammatory medications section, page 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Guidelines, Pain Outcomes and Endpoints section, page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In regard to the continuation of Naproxen for this patient's chronic pain, the requesting physician has not provided evidence of medication efficacy. Progress note dated 08/10/15 indicates that this patient missed their previous appointment and has run out of medications, though there is no discussion of previous efficacy provided. The progress note associated with this request, dated 08/10//15, does not include any discussion of medication efficacy. MTUS guidelines require documentation of analgesia or evidence of functional improvement when medications are used for chronic pain. In this case, no such discussion is provided; therefore the continuation of this medication cannot be substantiated. The request IS NOT medically necessary.