

Case Number:	CM13-0015395		
Date Assigned:	10/07/2013	Date of Injury:	02/25/2013
Decision Date:	06/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in American Board of Orthopaedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who was injured on February 25, 2013. The mechanism of injury is not specified. An MRI of the lumbar spine is documented as having been obtained on March 26, 2013. The MRI demonstrated multilevel degenerative changes "which are exacerbated by epidural lipoma ptosis in the mid to lower lumbar spinal canal resulting in moderate to severe multilevel thecal secondary a significant L4-S1. Additionally there is moderate left side neuroforaminal narrowing compression the exiting left L5 nerve root at L5-S1. The most recent clinical progress note provided for this review is dated April 29, 2013. The injured worker is documented as presenting with low back pain with associated numbness in the buttocks and intermittent tingling along the posterior aspect of both legs. The examination documents normal sensory and motor exam and negative straight leg rise bilaterally. Reflexes are normal and symmetric. There is tenderness to palpation over the lumbosacral region and diminished lumbar range of motion. Diagnoses of multi-ligament sprain/strain of the lumbar spine Hospital lumbar disc herniation are given. The utilization review in question was rendered on August 1, 2013. The reviewer is documented as modified a prescription for Norco 10/1025 mg and not medically necessary request for Terocin cream, cyclobenzaprine, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN TOPICAL COMPOUND CREAM, QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page.

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

Decision rationale: Terocin is a topical compound containing lidocaine, in menthol, capsaicin, and methyl salicylate. The California Medical Treatment Utilization Schedule (CA/MTUS) guidelines note that these topical analgesics is largely experimental, but may be considered a 2nd line treatment for neuropathic pain when first-line medications such as antiepileptic drugs failed. Based on the documentation provided, there is no evidence that antiepileptic drugs have been attempted. Additionally, the examination does not document evidence of neuropathic pain. As such the request is considered not medically necessary.

FEXMID 7.5MG, QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The California Medical Treatment Utilization Schedule (CA/MTUS) guidelines recommend against the long-term use of these medications. Based on clinical documentation provided, the injured worker appears to be utilizing these medications on a daily basis rather than for acute flare-ups. As such, the request is considered not medically necessary.

ULTRAM 150MG, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (CA/MTUS) guidelines notes that Tramadol may be considered as a 2nd line agent when first-line medications failed. Based on the clinical documentation provided, the injured worker has already been utilizing Norco. It is unclear what the addition of Ultram would add to this medication regimen is the Norco is being used for acute breakthrough pain. Additionally, the clinician does not address the matter relief as currently being provided by the opiate medications or buy Tramadol specifically. As such, the request is considered not medically necessary.