MAXIMUS Federal Services

Case Number:	CM13-0018433		
Date Assigned:	12/11/2013	Date of Injury:	09/19/2012
Decision Date:	04/11/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 51-year-old female who reported an injury on 09/19/2012. The mechanism of injury was accumulative trauma caused by driving long distances to and from work, and working at an ergonomically poor work station with a bad chair without a headset. The patient's medical history included naprosyn, omeprazole, Terocin, Dendracin, and Neurontin as of 2012. The office note dated 08/15/2013 revealed the patient had trigger points and spasms of the paraspinous muscles on the lumbar spine. The patient's complaints were noted to be pain in the back with numbness of the legs, and acute spasms of the lumbar spinous muscles. The patient's diagnosis was a sprain of the lumbar spine. The patient had been treated with an epidural steroid injection, physical therapy, and medications. The physician indicated that the patient would trial Flexeril for muscle spasms. Other medications were noted to be refilled, including Dendracin, Terocin, omeprazole, gabapentin, and naproxen. The request was made for Flexeril 7.5 mg #90 and Terocin lotion #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, CLOBENZAPRINE Page(s):.

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

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for short-term treatment of acute low back pain. The duration should be less than 3 weeks. The clinical documentation submitted for review indicated the patient was to trial the medication for muscle spasms that were found on objective physical examination and it was indicated that the patient had not trial muscle relaxants previously. However, as the recommendations are for no longer than 3 weeks duration, the request would be excessive. Given the above, the request for Flexeril 7.5 mg #90 is not medically necessary

TEROCIN LOTION , #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, SALICYLATE TOPICALS Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Salicylate. Topical Analgesic page 111, Topic.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments Lidocain Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing Capsaicin / Lidocaine / Menthol / Methyl Salicylate. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, topical analgesics are recommended when the patient has trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the patient had trailed and failed anticonvulsants. The patient was noted to be on Gabapentin, and the physician indicated that medication was not enough to control the patient's paresthesias and, as such, the patient was started on Terocin cream. The patient had been on the medication since 2012. There was a lack of documentation of the objective functional benefit and an objective decrease in the patient's pain. Given the above, the request for Terocin lotion #1 is not medically necessary.