

Case Number:	CM13-0022261		
Date Assigned:	03/26/2014	Date of Injury:	03/30/2010
Decision Date:	04/25/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 has a subspecialty in Pain Management and is licensed to practice in California. 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 presented with the date of injury of March 30, 2010. A utilization review determination dated August 16, 2013 recommends non-certification of 60 tablets of Cyclobenzaprine Hydrochloride 7.5mg between 8/14/13 and 9/28/13, 1 Terocin topical medication 240ml (Capsaicin 0.025% - Methyl Salicylate 25% - Menthol 10% - Lidocaine 2.5%) between 8/14/13 and 9/28/13, and 120 tablets of Lortab 7.5/500mg between 8/14/13 and 9/28/13. The previous reviewing physician recommended non-certification of 60 tablets of Cyclobenzaprine Hydrochloride 7.5mg between 8/14/13 and 9/28/13 due to lack of documentation of objective examination findings indicative of muscle spasms and the intended duration and frequency of intake; non-certification of Terocin topical medication 240ml (Capsaicin 0.025% - Methyl Salicylate 25% - Menthol 10% - Lidocaine 2.5%) between 8/14/13 and 9/28/13 due to lack of documentation of physical examination findings suggestive of neuropathy and failure to respond to a trial of antidepressants and anticonvulsants; and non-certification of 120 tablets of Lortab 7.5/500mg between 8/14/13 and 9/28/13 due to lack of documentation of response to initial non-opioid medication management. A Progress Report dated July 25, 2013 identifies Subjective complaints of frequent low back, right shoulder pain with numbness and tingling, depression and insomnia. Objective findings identify decreased right shoulder and lumbar ROM. Diagnoses identify lumbar radiculitis, lumbar sprain/strain, lumbar spondylosis, lumbar spinal stenosis, right shoulder full rotator cuff tear, depression, and insomnia. The patient was given prescriptions for Lortab, Cyclobenzaprine, and Terocin

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #60: Upheld

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

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

Decision rationale: Regarding the request for prescription for Cyclobenzaprine Hydrochloride 7.5mg #60, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. MTUS Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, muscle spasm is not noted on physical examination. There is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by MTUS guidelines. The request for 1 prescription of Cyclobenzaprine Hydrochloride 7.5mg #60 is not medically necessary and appropriate

PRESCRIPTION FOR TEROGIN TOPICAL MEDICATION 240ML (CAPSAICIN 0.025% - METHYL SALICYLATE 25% - MENTHOL 10% - LIDOCAINE 2.5%): Upheld

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

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

Decision rationale: Regarding request for Terocin topical medication 240ml (capsaicin 0.025% - methyl salicylate 25% - menthol 10% - lidocaine 2.5%), Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that

the topical NSAID is going to be used for short duration. Furthermore, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. The request for Terocin topical medication 240ml (Capsaicin 0.025% - Methyl Salicylate 25% - Menthol 10% - Lidocaine 2.5%) is not medically necessary and appropriate.

PRESCRIPTION OF LORTAB 7.5/500MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for prescription of Lortab 7.5/500mg #120, California Pain Medical Treatment Guidelines state that Lortab is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Lortab is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. The request for 1 prescription of Lortab 7.5/500mg #120 is not medically necessary and appropriate