

Case Number:	CM13-0024522		
Date Assigned:	12/11/2013	Date of Injury:	07/12/2008
Decision Date:	02/11/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 56 year-old male with a 7/12/08 industrial injury claim. He has been diagnosed with disc herniation, C4/5 and C5/6, s/p ACDF C4-C7; DDD at L4/5 and L5/S1; cervical and lumbar strain. The IMR application shows a dispute with the 8/21/13 UR decision. The 8/21/13 UR decision is from [REDACTED], and is for a retrospective modification of Naproxen, from #90 to allow #60; and for retrospective non-certification of Terocin cream and Fexmid 7.5mg #60. The UR decision was based on the 7/18/13 medical report from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Pain Outcomes and Endpoints Page(s): 8-9, 22.

Decision rationale: MTUS on page 9 states 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, and on page 8 states that 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. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of naproxen. MTUS does not recommend continuing treatment if there is not a satisfactory response.

Terocin cream #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or anticonvulsants and MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, methyl salicylate, capsaicin and possible menthol are indicated (methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105, "Ben-Gay" is given as an example and Ben-Gay contains menthol and methyl salicylate). Terocin contains topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The records show the patient was using Fexmid (cyclobenzaprine) since 5/31/13. MTUS specifically states for cyclobenzaprine that it is not recommended to be used for longer than 2-3 weeks. Continued use of Fexmid over 8 weeks will exceed the MTUS recommendations.