

Case Number:	CM13-0028383		
Date Assigned:	11/27/2013	Date of Injury:	10/28/2003
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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 Pain Management has a subspecialty in Disability Evaluation 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:

The patient is a 51 year-old male. The date of injury was October 28, 2003. The mechanism of injury is not noted. Injury was to the lower back, both shoulders and left ankle. The patient is retired. The diagnoses include: Discogenic lumbar condition with radiculopathy; depression and sleep disorder. Shoulder impingement syndrome and AC joint wear are noted bilaterally and there is no mention of surgery

IMR ISSUES, DECISIONS AND RATIONALES

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

Restrospective Terocin patches #20: Upheld

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

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

Decision rationale: Terocin patch is a topical analgesic containing the following active ingredients: Menthol 4%, Lidocaine 4%. According to Chronic Pain Medical treatment guidelines MTUS section on topical analgesics, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore Terocin patch is not medically necessary.

Retrospective Tramadol ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 75 and 80-84.

Decision rationale: Tramadol (Ultram) is classified as a small class of synthetic opioids, with opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine as a Central acting analgesic. This class of synthetic opioids has been reported to be effective in managing neuropathic pain, with side effects similar to traditional opioids. "Opioids efficacy is limited to short term pain relief, and long term efficacy is unclear". Failure to respond to a time-limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. This patient has had been prescribed Tramadol since 2012 and this drug is not indicated for long term use. In addition, Tramadol is contradicted in the presence of a diagnosis of depression, which has been indicated to be present in this case. Therefore the prescription of 30 tablets of Tramadol ER 150mg appears not medically necessary.

Tramadol ER 150 mg #30 for next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 75 and 80-84.

Decision rationale: Tramadol (Ultram) is classified as a small class of synthetic opioids, with opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine as a Central acting analgesic. This class of synthetic opioids has been reported to be effective in managing neuropathic pain, with side effects similar to traditional opioids. "Opioids efficacy is limited to short term pain relief, and long term efficacy is unclear". Failure

to respond to a time-limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. This patient has had been prescribed Tramadol since 2012 and this drug is not indicated for long term use. In addition, Tramadol is contradicted in the presence of a diagnosis of depression, which has been indicated to be present in this case. Therefore the prescription of 30 tablets of Tramadol ER 150mg appears not medically necessary.

Flexeril 7.5 mg #60 for next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64-66.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, antispasmodics, including Flexeril, also known as Cyclobenzaprine, are used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004). Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is associated with drowsiness and dizziness. They are not recommended for use longer than 2-3 weeks. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004). Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. California MTUS 2009 Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants Furthermore; CA MTUS 2009 ACOEM Treatment Guidelines specifically do not recommend muscle relaxants as any more effective than NSAIDs alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request for Flexeril 7.5 mg is not medically necessary.