

Case Number:	CM13-0043070		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2013
Decision Date:	02/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 male patient with the date of injury of April 26, 2013. A utilization review determination dated October 16, 2013 recommends certification of naproxen and omeprazole, and non-certification of cyclobenzaprine, tramadol, and Terocin patch. A progress report dated October 8, 2013 indicates that naproxen is being recommended for inflammation and pain. In the note indicates that the patient has relief of symptoms with the use of this medication in the past allowing for continued work and nonwork physical activities to be maintained. Cyclobenzaprine is being prescribed for palpable muscle spasms on examination. The note indicates that the patient was prescribed a brief course of that medication to help significantly with spasms. The note indicates that there was an acute exacerbation of the pain as well as spasms and therefore a brief course of cyclobenzaprine is indicated. Omeprazole is being prescribed to treat G.I. symptoms. The patient describes stomach upset and epigastric pain with naproxen, therefore omeprazole is being prescribed. Tramadol is being prescribed for acute severe pain for a short course of treatment. The note indicates that short courses of opiates in the past have decreased acute flare-ups in improved function. The note indicates that Terocin is being prescribed for mild to moderate acute or chronic pain affecting the muscles and joints. A progress report dated September 5, 2013 indicates that the patient has low back pain which radiates into the lower extremities including numbness and tingling on the left side. Physical examination identifies tenderness in the mid to distal lumbar segments with a positive seeded nerve root test and dysesthesia at the left L5 and S1 dermatomes. The treatment plan recommends electro diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), 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. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, the requesting physician has indicated that this medicine is being prescribed for an acute flare-up. However, there is no documentation of any change in objective examination findings, or subjective complaints of an acute flare-up on the most recent progress report. Additionally, it appears this medication has been prescribed numerous times in the past, apparently not meeting the guideline recommendation for short-term use only. Due to the above issues, the currently requested cyclobenzaprine is not medically necessary.

Tramadol Hydrochloride ER; 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-79 of 127.

Decision rationale: Regarding the request for Ultram ER, California Pain Medical Treatment Guidelines state that Ultram is a long acting opiate pain medication that is indicated for the treatment of moderate to moderately severe chronic pain in adults who require around-the-clock treatment of their pain for an extended period of time. 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 Ultram is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, the requesting physician has indicated that the Ultram ER is being prescribed for the short-term treatment of an acute exacerbation. The indications for the use of this medication recommend against such use. In the absence of clarity regarding those issues, the currently requested Ultram ER is not medically necessary.

Omeprazole; 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. It should be noted that the previous reviewing physician recommended certification for this medication. Within the documentation available for review, the requesting physician has indicated that the patient is taking naproxen on a consistent basis which improves pain and function. Therefore, the ongoing use of a proton pump inhibitor such as omeprazole is medically necessary.

Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding request for Terocin, 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 non-steroidal 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 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, it appears that the topical NSAID is being concurrently used with an oral NSAID. This would significantly increase the risk of complications from this medication class. Additionally, 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. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.