

Case Number:	CM13-0043808		
Date Assigned:	12/27/2013	Date of Injury:	08/28/2006
Decision Date:	05/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 64 year-old male who reported an injury on 08/28/2006; the mechanism of injury was not provided in the medical records. The injured worker had diagnoses including cervicalgia, lumbago, and carpal tunnel syndrome. The injured worker had persistent pain of the neck that was aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and at or above shoulder level. The injured worker had low back pain that was aggravated by bending, lifting, twisting, pulling, sitting, standing, and walking multiple blocks, as well as wrist pain. The clinical note dated 09/12/2013 noted the injured worker had cervical spine tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. Axial loading compression test and Spurling's maneuver were positive and there was painful and restricted cervical range of motion. The examination of the bilateral wrists remained the same. There was tenderness at the wrist volar aspect, pain with terminal flexion and positive Tinel's and Phalen's signs. The lumbar exam revealed tenderness at the lumbar paravertebral muscles, pain with terminal motion and the seated root test was positive. The physician's treatment plan included requests for Cyclobenzaprine hcl tablets 7.5mg # 120, Terocin patches #10, and Methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL TABLETS 7.5 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The California MTUS Guidelines note Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The injured worker is noted to have spasms in the cervical regions. The clinical note provided indicated the injured worker has been taking Cyclobenzaprine; however, the duration of therapy was unclear. There was lack of documentation to indicate if the injured worker that he had significant objective functional improvement with the medication. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request for Cyclobenzaprine hcl tablets 7.5mg # 120 is not medically necessary.

TEROCIN PATCHES #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical Salicylates Page(s): 111,105.

Decision rationale: Terocin patches are comprised of topical Lidocaine and Menthol and methyl salicylate. The California MTUS guidelines indicate topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines noted topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note other commercially approved topical formulations of Lidocaine, other than Lidoderm, (whether creams, lotions or gels) are indicated for neuropathic pain. The California MTUS guidelines recommend treatment with topical salicylates. The guidelines indicate any topical compound containing at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical uses of Lidocaine, outside of Lidoderm are not recommended. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request for Terocin patches #10 is not medically necessary.

MENTHODERM GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical Salicylates Page(s): 111,105.

Decision rationale: The California MTUS guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further indicate topical salicylates are appropriate for the treatment of pain if there are signs of neuropathic pain when the trials of antidepressants and anticonvulsants have failed. The documentation failed to indicate if there was evidence of significant objective functional improvement while using the medication. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. Therefore, the request for Methoderm gel is not medically necessary.