

Case Number:	CM13-0047545		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2012
Decision Date:	03/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

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 Emergency Medicine, 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 patient has a date of injury of 10/24/12; the mechanism of injury was not provided. Diagnoses include lumbar disc disease and lumbar degenerative disc disease. Per a report dated 9/12/13, the patient reports low back pain at 5-6/10. There were no leg symptoms. Pain medications were helping with the pain, with increased sleep and function and no reported side effects. A report from July 2013 documents some lower extremity tingling and numbness which has since resolved. Objective findings reveal normal gait, and pain to the facets leading to the lumbar spine. There was a normal range of motion in the spine except for extension, which is limited to 5 degrees. There were normal reflexes, strength, and sensation, and some lumbar spine spasms. Current medications include naproxen, Flexeril, and Medrox patches. The patient attempted a lumbar facet injection on July 2013 with temporary improvement of 50% and has attempted multiple acupuncture and chiropractic sessions. An MRI of the lumbar spine on 8/14/13 showed 2-3mm disc protrusion at L3-4, L4-5, and L5-S1 with slight effacement of L4 and S1 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for one Terocin patch (10 patches), #30: 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 Page(s): 111-113.

Decision rationale: Terocin is a combination medication containing methyl salicylate, capsaicin, menthol and lidocaine. The patient is also reportedly on Medrox patch which also contains methyl-salicylate and capsaicin. Combining these two patches is not recommended and there is no documentation as to why the treating physician may be changing Medrox to a Terocin patch. According to the MTUS, any compound product that contains a drug or drug class that is not recommended individually is not recommended as part of a compound. Methyl-Salicylate is shown to be superior to placebo. It should not be used long term. There is no evidence of its efficacy for spinal pain, or osteoarthritis of the spine or hip. The patient has spinal pain and is therefore not recommended. Capsaicin is shown to be effective for musculoskeletal pain, and may be considered if conventional therapy is ineffective. There is no documentation of failure of conservative failure for this patient in the records. Lidocaine is only effective for neuropathic pain; it is not recommended in other circumstances. There is no data on menthol in the MTUS. Since topical methyl-salicylate, capsaicin, and lidocaine are not recommended for this patient individually, the compound is not recommended. The request is not certified.

The request for 60 Cyclobenzaprine 7.5mg: Overturned

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 Page(s): 41-42.

Decision rationale: The patient is already on this muscle relaxant. As per MTUS guidelines, evidence shows that it is better than placebo, but is considered a second line treatment due to the high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. The patient has reported muscle spasms that are improved with Cyclobenzaprine. With the reported improvement in function and muscle spasms with Cyclobenzaprine, it is currently recommended. The request is certified.

The request for Naproxen Sodium 550mg: 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 Page(s): 67.

Decision rationale: The patient is already on this non-steroidal anti-inflammatory (NSAID). Data from the MTUS recommends NSAIDs for chronic arthritic back pains and knee pains with caution due to side effects. The patient has been on NSAIDs chronically with improved pain and activities of daily function. Its use is appropriate and recommended. The request is certified.