

Case Number:	CM13-0052523		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2007
Decision Date:	05/06/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine & Rehabilitation 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 59-year-old female who reported injury on 08/18/2007. The mechanism of injury was the injured worker was in a kneeling position, cleaning some furniture, when her back became painful. The injured worker's medication history included trazodone, sertraline, tramadol, muscle relaxants, and Terocin as of 2012. The clinical documentation of 10/23/2013 revealed the injured worker had lower extremity pain and weakness. The diagnoses included sleep issues, poor coping with chronic pain, spasms, cervical radiculopathy, and lumbar spine status post surgery of 03/2011, along with cervical degenerative disc disease. The request was made for a retrospective medication review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 120 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, Page(s): 111-112,28.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is available as Lidoderm patches. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Terocin is a topical analgesic containing capsaicin /lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had trialed and failed antidepressants and anticonvulsants. It was indicated the injured worker was on gabapentin. The formula contains lidocaine, which is only approved in the Lidoderm transdermal patch. Given the above, the retrospective review for pharmacy purchase of Terocin lotion 120 mL is not medically necessary.

CYCLOBENZAPRINE 7.5 MG, #30: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of objective functional improvement. Given the above, the request for a retrospective review for pharmacy purchase of cyclobenzaprine 7.5 mg #30 is not medically necessary.

TRAMADOL 50 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain, along with evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of the above criteria. Given the above, the request for a retrospective review for pharmacy purchase of tramadol 50 mg #120 is not medically necessary.

SERTRALINE 50 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of the objective functional benefit, and the rationale for use. Given the above, the request for retrospective review for pharmacy purchase of sertraline 50 mg #60 is not medically necessary.

TRAZODONE 50 MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of the objective functional benefit, and the rationale for use. Given the above, the request for retrospective review for pharmacy purchase of trazodone 50 mg #30 is not medically necessary.