

Case Number:	CM13-0052917		
Date Assigned:	06/13/2014	Date of Injury:	10/04/2012
Decision Date:	07/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational 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 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 patient is a 45 year old female who was injured on 10/04/2012. He sustained an injury while performing his duties at work consisting of a lot of pushing, lifting and pulling. Progress report dated 10/30/2013 states the patient indicated her right wrist and forearm were painful with associated burning. She reported her medications helps her and they included cyclobenzaprine, Naproxen, Norco, and Terocin. Her pain is rated as 10/10 without medications and an 8/10 with medications. On examination of bilateral wrists, there is positive Tinel's sign bilaterally, left is greater than right. She has diffuse tenderness of the bilateral forearms. Range of motion is full with flexion and extension as well as supination at the elbow. She has 80% range of motion of her wrists with flexion and extension secondary to pain. Impressions are right forearm pain and numbness , right forearm tendinosis, and carpal tunnel syndrome. She received refills of her medications including cyclobenzaprine 7.5 mg #60, Naproxen 550 mg #60, Norco 5/325 mg #60, and Terocin ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hydrocodone/acetaminophen.

Decision rationale: CA MTUS/ODG do not recommend long term opioids for chronic pain, unless there is documented evidence of objective functional improvement. The request is for Norco 1 tab bid. There has been no documented objective functional improvement. According to the CA MTUS/ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Terocin ointment 120ml: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: The CA MTUS/ODG do not recommend Terocin lotion as reasonable. Terocin contains Menthol and Lidocaine. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Based on the CA MTUS/ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The CA MTUS/ODG do not recommend Terocin lotion as reasonable. Terocin contains Menthol and Lidocaine. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Based on the CA MTUS/ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The CA MTUS/ODG does not recommend long term NSAIDs unless there is documented objective functional improvement. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Based on the CA MTUS/ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The CA MTUS/ODG guidelines do not recommend long term use of muscle relaxants. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. This patient has used Flexeril on a long term basis. Based on the CA MTUS/ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.