

Case Number:	CM13-0054810		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2009
Decision Date:	04/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/20/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 41 year-old female who was injured on 12/4/09. She has been diagnosed with cervical DDD; HNP at C4/5 and C5/6; lumbar HNP with canal stenosis at L4/5, annular fissuring and radiculopathy; grade 1 anterolisthesis at L4/5. Lumbar DDD with facet arthropathy. The Independent Medical Review (IMR) application shows a dispute with the 10/28/13 Utilization Review (UR) decision for Norflex and Terocin patches. The 10/28/13 UR decision is from [REDACTED], it is a retrospective modification based on the 8/19/13 medical report from [REDACTED]. Unfortunately, the 8/19/13 was not provided for this IMR. According to the 10/28/13 UR letter, the patient injured her back from slipping while scrubbing a bathtub. The patient underwent left micro decompression L4/5, 6-weeks prior to the 8/19/13 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine (Norflex) 100mg, #60 (Retro): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

Decision rationale: The 10/28/13 Utilization Review (UR) letter states the 6/18/13 report notes prior lumbar surgery, and apparently the 6/18/13 report requested the medications in dispute. The 6/18/13 medical report from [REDACTED] was not provided for IMR, and the most recent report from [REDACTED] available is dated 4/29/13, and this does not show that Norflex was prescribed. In the 404 pages of records provided, I am unable to determine when the Norflex was first prescribed, so I cannot tell if it is in accordance with the MTUS recommendations for short-term use only. The UR letter denied it stating it was not for long-term use, but the UR letter does not state how long the patient was on the medication. With the available information, I am not able to verify that the medication is being used in accordance with MTUS guidelines.

Terocin Patch, #10 (Retro): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Pain-Topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Chapter.

Decision rationale: The 10/28/13 Utilization Review (UR) letter states the 6/18/13 report notes prior lumbar surgery, and apparently the 6/18/13 report requested the medications in dispute. The 6/18/13 medical report from [REDACTED] was not provided for Independent Medical Review (IMR), and the most recent report from [REDACTED] available is dated 4/29/13, and this does not show that Terocin patches were prescribed. The UR letter is incorrect stating that the Terocin patches contain capsaicin. Terocin lotion contains capsaicin, but the patches are lidocaine 4%, and 4% menthol. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS for topical lidocaine states: "Recommended for localized peripheral 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)." And "Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain." MTUS did not discuss Menthol so ODG guidelines were consulted. ODG discusses menthol as the active ingredient in Biofreeze that takes the place of ice packs, and is recommended on "acute" low back pain. Based on the available information, there is no mention of trials of TCA, Serotonin-norepinephrine reuptake inhibitors (SNRI), or Anti-Epilepsy Drugs (AEDs) medications being tried; and this is not acute back pain, as ODG describes as the "first few days of acute complaint" The request for Terocin patches is not in accordance with MTUS and ODG guidelines