

Case Number:	CM13-0058294		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2011
Decision Date:	05/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery 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 claimant is a 60 year old male injured his low back June 7, 2011. The clinical records reviewed include an October 25, 2013 progress report indicating ongoing complaints of pain about the low back stating he is status post L5-S1 microdiscectomy September 8, 2011 with continued complaints of pain and radiating pain into the right leg with numbness. Objectively there was restricted range of motion at end points five minus out of 5 quadriceps and iliopsoas strength bilaterally. There was diminished reflexes symmetrically and sensory deficit to the right L3 dermatome. The impression was lumbar radiculopathy status post decompressive surgery with degenerative disc disease. The recommendation was for continuation of medications to include Cyclobenzaprine and Terocin Pain Patches. There was request for a functional capacity examination to the claimant's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG TABLET, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Page(s): 63.

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

Decision rationale: The CA MTUS Guidelines would not support continued use of Cyclobenzaprine. Muscle relaxants in the chronic setting are reserved for second line option of short term treatment of acute exacerbation. The records do not indicate first line treatment for chronic low back complaints or indication of acute exacerbation of pain. The chronic use of muscle relaxants given the claimants timeframe from surgical process is not medically necessary and appropriate.

TEROCIN RELIEF PATCHES (10 PATCHES PER BOX), #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines would not support the topical use of Terocin Patches. Terocin is a topical compound that contains Lidocaine which is only recommended for neuropathic pain after trial first line therapeutic modalities have failed including tricyclic anti-depressants or agents such as Gabapentin or Lyrica. In this instance, there is no indication of first line agents that have been utilized. The continued role of this topical agent is not medically necessary and appropriate.

FUNCTIONAL CAPACITY EVALUATION OF LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability GUIDELINES, 2012, FITNESS FOR DUTY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program Admission, Functional Capacity Examination, Page(s): 125-126.

Decision rationale: The CA MTUS Chronic Pain Guidelines also would not support the role of a functional capacity examination. The claimant is noted to be with continued complaints of pain there are no current impairment issues that need to be determined or indication of prior return to work attempts that have been unsuccessful. Given the current clinical course consisting of medication use, the acute need for Functional Capacity Examination without documentation of impairing diagnosis or previous return to work attempts is not medically necessary and appropriate.