

Case Number:	CM13-0058698		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2011
Decision Date:	04/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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, 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:

The patient is a 42-year-old female with date of injury of 10/24/2011. The listed diagnoses per [REDACTED] dated 10/09/2013 are: 1. Facet OA cervical spine. 2. Cervical stenosis at C3-C4 and C4-C5. 3. L5-S1 stenosis. 4. Insulin dependent DM. 5. Multilevel cervical DDD and facet arthropathy. 6. C4-C5 left neuroforaminal narrowing and mild canal stenosis. According to progress report dated 10/09/2013 by [REDACTED] the patient presents with chronic neck and low back pain. She currently rates her pain an 8-9/10 on the pain scale. She notes that her pain has decreased to a 6/10 when using her Norco. She continues to have bilateral upper extremity numbness and tingling to the hands. She currently takes Norco, Flexeril, ketoprofen, and Prilosec. She also notes that Terocin has been ineffective in pain relief for her symptoms. Objective finding shows the patient is alert and oriented in no acute distress. Range of motion of the cervical, thoracic, and lumbar spine is decreased throughout. Increased pain with cervical extension, diffusely tender to palpation over the cervical, thoracic, and lumbar paraspinals as well as tenderness over the cervical facet region. Upper and lower extremities sensation is intact. There is positive facet loading challenge of the bilateral C3/C4 and C4/C5 facets. MRI of the cervical spine dated 07/16/2013 shows there is mild disk dehydration noted without compression deformity with 2 mm retrolisthesis, C5-C6. Cervical cord is normal in signal intensity and configuration without evidence for cerebral tonsillar herniation. The treating physician is requesting a refill for cyclobenzaprine 7.5 mg and refill for Terocin patches

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting a refill for cyclobenzaprine a muscle relaxant. Utilization review dated 11/15/2013 denied the request for cyclobenzaprine stating that MTUS Chronic Pain Medical Treatment Guidelines do not recommend the long-term use of muscle relaxants and there was no documentation of muscle spasms in the recent physical exam. MTUS Chronic Pain Medical Treatment Guidelines, Section on Cyclobenzaprine (Flexeril), page 64, recommends cyclobenzaprine as a short course of therapy with limited and mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. Review of reports from 02/21/2013 to 10/09/2013 show that this patient has been using cyclobenzaprine since 09/10/2013 and MTUS does not recommend long-term use of these medications. Therefore, the request is denied.

Terocin Patches, 1 box of 10 patches: Upheld

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

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

Decision rationale: The patient presents with chronic neck and low back pain. The treating physician is requesting refill for Terocin patches. Utilization review dated 11/15/2013 denied the request for Terocin patches stating that MTUS does not recommend topical analgesics, creams, or patches as they are considered highly experimental without proven efficacy and only recommended for treatment of neuropathic pain after failed first line therapy of anti-inflammatory and anticonvulsants. MTUS Chronic Pain Medical Treatment Guidelines page 112, states it is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine is in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Lidocaine patches are indicated for neuropathic pain only after a trial of tricyclic antidepressants or AEDs." Review of reports from 01/09/2013 to 10/09/2013 showed that the patient has been prescribed Terocin since 01/09/2013 as a cream and patch form. In this case, the patient does present with radicular symptoms from the low back to the upper extremities and has utilized Flexeril and Norco for pain relief. However, the use of lidocaine

patches are not indicated for neck and low back chronic pain but for localized peripheral neuropathic pain. Therefore, recommendation is for denial.