

Case Number:	CM13-0061506		
Date Assigned:	04/25/2014	Date of Injury:	01/27/2011
Decision Date:	05/29/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 an employee of [REDACTED] and has submitted a claim for HNP of cervical and thoracic spine, chronic pain syndrome, and cervical radiculopathy associated with an industrial injury date of 01/27/2011. Treatment to date has included cervical epidural steroid injection on 09/05/2013, trigger point injections, home exercise program, physical therapy, and medications such as Lyrica, Norco, Elavil, Terocin patch, LidoPro ointment, cyclobenzaprine, and Zanaflex. Final Determination Letter for IMR Case Number CM13-0061506 3 Medical records from 2013 were reviewed showing that patient complained of neck and upper back pain graded 7/10 in severity. He also complained of left arm symptoms. Intake of medications relieved his symptoms and increased his activity levels. No side effects were noted. Physical examination demonstrated tenderness and muscle spasms over the cervical spine and thoracic spine, left worse than right. Range of motion of the cervical spine and thoracic spine was restricted. Motor strength was graded 5-/5 at the left deltoid, finger flexors, and finger extensors; and graded 4+/5 at the left shoulder internal/external rotators. Deep tendon reflexes were equal and symmetric. Spurling's test was negative. Sensation was intact. Gait was non-antalgic. Utilization review from 11/25/2013 denied the requests for cyclobenzaprine 7.5mg, #90 because patient was simultaneously prescribed with tizanidine (Zanaflex) and the guidelines do not recommend multiple muscle relaxants; hydrocodone/APAP 10/325mg, #120 due to lack of documentation regarding ongoing functional improvement or substantial pain relief; amitriptyline HCl 25mg, #30 because there was no indication that additional antidepressant was needed since the patient was already prescribed with Lyrica; Terocin pain patch box (10 patches), #1 due to lack of efficacy of use; and Lido Pro topical ointment 4oz, #1 because topical medications were not fully supported within the clinical literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90: Upheld

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

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

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been prescribed with cyclobenzaprine since October 2013. However, he is likewise being given tizanidine (Zanaflex), a short-acting muscle relaxant. There is no discussion why two muscle relaxant drugs should be prescribed. Furthermore, this medication is only recommended for short-term use. Therefore, the request for cyclobenzaprine 7.5mg, #90 is not medically necessary.

HYDROCODONE/APAP 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 78.

Decision rationale: Page 78 of MTUS Chronic Pain Medical Treatment Guidelines states that there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since June 2013. Medical records submitted for review do not specifically show that there is significant improvement with the use of this medication, i.e. documented pain reduction in terms of pain scale, and specific activities of daily living are lacking. Therefore, the request for hydrocodone/APAP 10/325mg, #120 is not medically necessary.

AMITRIPTYLINE HCL 2MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants For Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 13,15.

Decision rationale: As stated on page 13 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Page 15 states that tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, patient has been prescribed with amitriptyline since June 2013 for his neck pain radiating to left upper extremity. The most recent urine drug screen, reported 08/23/2013, revealed negative levels of amitriptyline and nortriptyline. However, there was no management response regarding this even if the patient continually uses Elavil. Furthermore, medical records submitted for review do not specifically show that there is significant improvement with the use of this medication, i.e. documented pain reduction in terms of pain scale, and specific activities of daily living are lacking. Therefore, the request for amitriptyline HCl 2mg, #30 is not medically necessary.

TEROCIN PAIN PATCH, 1 BOX (10 PATCHES): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 111-112.

Decision rationale: As noted on pages 111-112 of the California MTUS Chronic Pain Medical Treatment guidelines, there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Terocin lotion contains: methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. It is a topical analgesic used temporarily to relieve mild aches and pains of muscles or joints. In Final Determination Letter for IMR Case Number CM13-0061506 5 this case, patient has been complaining of persistent neck and upper back pain. Terocin has been prescribed since June 2013. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, thus, Terocin patch is likewise not recommended. Therefore, the request for Terocin pain patch, 1 box (10 patches) is not medically necessary.

LIDO PRO TOPICAL OINTMENT 4 OZ #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section.

Decision rationale: LidoPro topical ointment contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated in page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Furthermore, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been complaining of persistent neck and upper back pain. LidoPro ointment has been prescribed since October 2013. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro topical ointment 4oz, #1 is not medically necessary.