

Case Number:	CM13-0061538		
Date Assigned:	12/30/2013	Date of Injury:	10/31/2007
Decision Date:	04/11/2014	UR Denial Date:	11/19/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 reported an injury on 10/31/2007. The mechanism of injury was not provided in the medical records. She is diagnosed with cervical sprain/strain and lumbar degenerative disc disease. Her symptoms are shown to include headaches, back pain, as well as left hip, knee, neck, and shoulder pain. Her physical examination findings included decreased range of motion of the left shoulder and lumbar spine, as well as tenderness to palpation in an unspecified area of the lumbar spine. Her treatment plan was noted to include Norco, Lorazepam, Wellbutrin, trazodone, Flexeril, sumatriptan, as well as a home exercise program, ice/heat therapy, and a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 120 ML: 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 rationale: According to California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The guidelines

further state that they are primarily recommended in the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, the guidelines specify that compounded topical products that contain at least 1 drug that is not recommended are not recommended. Terocin lotion is noted to include methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. In regard to topical capsaicin, the California MTUS Guidelines state that use of topical capsaicin is only recommended for patients who have been shown to be intolerant or unresponsive to other treatments. In regard to lidocaine, the guidelines state that topical lidocaine may be recommended for localized peripheral pain after evidence of a trial of first-line therapy. However, the guidelines also specify that the only FDA-approved formulation of topical lidocaine is the Lidoderm patch and no other commercially approved topical formulations are indicated for neuropathic pain. The clinical information submitted for review failed to provide detailed documentation of the failure of first-line treatments such as antidepressants and anticonvulsants prior to the use of topical analgesics. Additionally, there was no detailed documentation indicating the patient was intolerant or unresponsive to other treatments to warrant use of topical capsaicin. Furthermore, as the use of topical lidocaine is only recommended in the formulation of the Lidoderm patch, use of Terocin lotion, which contains topical lidocaine and capsaicin, is not supported. For these reasons, the request is non-certified.

OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines indicate that the use of proton pump inhibitors may be recommended for patients taking NSAID medications who have been shown to be at significant risk for gastrointestinal events or who report symptoms of dyspepsia related to NSAID therapy. The clinical information submitted for review failed to show that the patient was currently utilizing an NSAID medication. Additionally, there was not clear documentation indicating that the patient was found to be at significant risk for gastrointestinal events according to the criteria listed by the California MTUS or that she reported dyspepsia related to NSAID use. In the absence of this documentation, the request is not supported.

CYCLOBENZAPRINE 7.5MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to the California MTUS Guidelines cyclobenzaprine is only recommended for a short course of therapy as it was found to be more effective than placebo in the management of back pain; however, the effect was modest and came at the price of greater

adverse effects. The guidelines further specify that the effect of cyclobenzaprine has been greatest in the first 4 days of treatment, further suggesting that shorter courses are better. It is also noted that the addition of cyclobenzaprine to other agents is not recommended. Therefore, as the patient has been shown to be taking other medications and the addition of cyclobenzaprine to other agents is not supported as well as the treatment plan including cyclobenzaprine 7.5 mg at bedtime, indicating that it would not be used for short-term use only, the request is not supported. As such, the request is non-certified.