

Case Number:	CM13-0066148		
Date Assigned:	01/03/2014	Date of Injury:	12/31/2003
Decision Date:	04/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

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 has filed a claim for brachial neuritis and lumbosacral neuritis associated with an industrial injury on December 31, 2003. Treatment to date has included unspecified aquatic therapy, analgesic medications, and topical compound medications. Medical records were reviewed from 2012 to 2013 showing the patient complaining of persistent neck pain aggravated by repetitive motions. He also has persistent low back pain radiating to the lower extremities which was aggravated by motion. Physical examination showed cervical and lumbar spine muscle tenderness and pain on terminal motion. Objective pain relief and functional gains were not documented in the progress notes. Other medical records showed that the patient was diagnosed with obesity, hypertension, coronary artery disease and history of atrial fibrillation. A 2/15/12 medical note states that the patient stated that he took pain pills (names not recalled) plus a medication for his stomach. Response to these medications was not noted. A 10/18/12 note reported that the patient was dispensed Omeprazole 20mg #120 to be taken as needed for stomach upset, cyclobenzaprine HCL 7.5mg #120 to be taken as needed for muscle spasms. The note indicates that the medications provide the patient with temporary symptomatic relief and allow him to continue to function. 1/31/13 urine drug screen was consistent. 5/2/13 urine drug screen was consistent. 4/25/13 progress note showed that the patient was taking omeprazole 20mg per day and has found symptomatic relief of acid reflux that occurs with the use of Naprosyn. The patient described relief of muscle spasms with cyclobenzaprine. The provided noted that the medication should only be taken as a short course. The patient was also taking Tramadol and using Medrox ointment. Record stated that medications provided relief and increase in functional activity. 7/9/13 urine drug screen was consistent. 10/23/13 urine drug screen was consistent. 11/13/13 and 12/10/13 note indicated that the patient previously described

stomach upset and epigastric pain with the use of Naprosyn. Omeprazole, Tramadol, and Cyclobenzaprine were also utilized. Medications were noted to be effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

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

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine should be avoided in patients with arrhythmias. In this case, medical records from 2012 showed a history of atrial fibrillation and Cyclobenzaprine 7.5mg #120 has been prescribed as far back as October 2012 without objective evidence of improvement. The guidelines state that cyclobenzaprine is warranted in short courses of less than 2-3 weeks. The medication has been prescribed regularly over the past several months. This request for Cyclobenzaprine is therefore not medically necessary.

TEROCIN PATCHES #10: 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 CA MTUS Chronic Pain Medical Treatment Guidelines, local anesthetics and capsaicin in a 0.0375% formulation are not recommended for topical applications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patch contains menthol, lidocaine, capsaicin 0.0375% and salicylates. CA MTUS Chronic Pain Treatment Guidelines state that topical lidocaine is indicated for localized peripheral pain after that has been evidence of a trial of first line options (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). CA MTUS Chronic Pain Treatment Guidelines states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. CA MTUS Chronic Pain Treatment Guidelines state that topical salicylate (eg. Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain (Mason-MNJ, 2004). However, the guidelines also state that Salicylates are NSAIDS with efficacy that appears inconsistent with most studies being small and of short duration. CA MTUS do not provide evidence-based guidelines support for the topical application of Menthol. The request for Terocin patch is therefore not medically necessary.

