

Case Number:	CM14-0001361		
Date Assigned:	01/22/2014	Date of Injury:	11/17/2012
Decision Date:	06/23/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 59-year-old female with a reported date of injury on 11/17/2012; the mechanism of injury was unclear. The injured worker complained of left shoulder, right shoulder, lumbar spine, and thoracic spine pain. The injured worker was status post right shoulder decompression surgery on 07/27/2013. According to the documentation dated 11/14/2013, the injured worker had a lumbar epidural steroid injection, which made her low back pain worse. The injured worker rated her pain at 7/10. The injured worker's bilateral shoulder range of motion demonstrated flexion to 80 degrees to the right and 90 degrees to the left. The injured worker's lumbar spine range of motion demonstrated flexion to 45 degrees, extension to 15 degrees, and side bending as 20 degrees bilaterally. In addition, the injured worker had a positive right straight leg raise. The injured worker's diagnoses included lumbar radiculopathy, rotator cuff syndrome, chronic pain syndrome, functional decline, and depression. According to the documentation dated 11/16/2013, the injured worker was referred for a psychiatric consultation. There was no documentation provided related to the psych consult. The injured worker's medication regimen included MS Contin ER, Hydrocodone, Norco, Cyclobenzaprine, Celebrex, Zolpidem, and aspirin. The Request for Authorization for Flexeril 7.5 mg #60, and Trazodone 50 mg, and Terocin patches #10 was submitted on 01/03/2014. The physician requested Flexeril for reducing pain and muscle tension, Trazadone to "address" depressed mood and insomnia and Terocin patches as trials of antidepressant and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODC-TWC Pain Procedure Summary, updated 10/14/2013.

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

Decision rationale: According to the California MTUS Guidelines, Flexeril is recommended as an option use for a short-course of therapy. Flexeril's greatest effect is in the first 4 days of treatment. Treatment should be brief. According to the documentation dated 10/28/2013, the injured worker failed the use of muscle relaxants. The rationale for the use of Flexeril is unclear, as the clinical information lacks documentation of muscle spasm or range of motion related to muscle tension. There is a lack of documentation provided demonstrating the functional improvements related to the utilization of Flexeril. In addition, the continued use of Flexeril exceeds the guideline recommendations for the length of time recommended. According to the documentation provided the injured worker has been utilizing muscle relaxants prior to 10/28/2013. In addition, the request as submitted failed to provide the frequency of the medication. Therefore, the request for Flexeril 7.5 mg #60 is not medically necessary.

TRAZODONE 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-DEPRESSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

Decision rationale: According to the California MTUS Guidelines, antidepressants for chronic pain are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The assessment of treatment effectiveness should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality, and psychological assessment. It is recommended that these outcome measurements should be initiated at 1 week of treatment, with a recommended trial of at least 4 weeks. According to the documentation provided, the injured worker has been utilizing Trazodone since 10/2013. There was a lack of documentation regarding increased functional ability and improved quality of life related to the use of Trazodone. In addition, the request as submitted failed to provide the frequency and quantity of the medication. Therefore, the request for Trazodone 50 mg is not medically necessary.

TEROCIN PATCHES #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin patches contain menthol and Lidocaine. According to the California MTUS guidelines, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical Lidocaine, in the formulation of a dermal patch, has been designated for neuropathic pain. No other commercially-approved topical formulation of Lidocaine is indicated for neuropathic pain, according to the guidelines. Terocin also contains Capsaicin which is only recommended when an injured worker is intolerant to other treatment which has not been documented. The California MTUS Guidelines recommend that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The physician requested Terocin patches per the documentation that the injured worker has "failed" antidepressants and convulsants. The documentation lacks objective clinical information related to the failure in antidepressants and anticonvulsants. Therefore, the request for Terocin patches #10 is not medically necessary.