

Case Number:	CM14-0003924		
Date Assigned:	01/31/2014	Date of Injury:	07/09/2013
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation 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 a 34-year-old male who has submitted a claim for lumbago associated with an industrial injury date of July 9, 2013. The patient complains of persistent low back pain radiating to the right lower extremity with numbness and tingling. Physical examination revealed tenderness over the mid to distal lumbar segments with pain on terminal motion; a positive Seated Nerve Root test; and dysesthesia at the L4-L5 dermatomes. The patient has been prescribed with cyclobenzaprine for palpable muscle spasms; omeprazole for GI symptoms; tramadol for acute severe pain; and Terocin patch for mild to moderate pain. Treatment to date has included oral analgesics, work modification and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: Page 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient was being prescribed with cyclobenzaprine since October 2013; however, overall pain improvement and functional gains derived from its use were not documented. Furthermore, the latest progress note failed to provide a detailed discussion of the subjective complaints and objective findings. The guideline recommends use of muscle relaxants for short-term therapy only for acute exacerbations of pain. There is no clear indication for continued use of this medication; therefore, the request for CYCLOBENZAPRINE HYDROCHLORIDE # 120 is not medically necessary.

OMEPRAZOLE DELAYED-RELEASE # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 68.

Decision rationale: Page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, the patient has been on this medication as far back as October 2013. The patient does not have risk factors for increased GI events as listed above; and there is no documentation regarding adverse gastrointestinal symptoms in the patient. The medical necessity for continued use of this medication was not established. Moreover, the request failed to specify the dosage. Therefore, the request for OMEPRAZOLE DELAYED-RELEASE # 120 is not medically necessary.

TRAMADOL HYDROCHLORIDE ER # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: Pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on tramadol as far back as October 2013. However, the functional benefits and analgesia from the use of tramadol were not documented. Proper monitoring of opioid use and adverse effects were also not documented. Therefore, the request for TRAMADOL HYDROCHLORIDE ER # 90 is not medically necessary.

TEROCIN PATCH # 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009
Page(s): 111-113.

Decision rationale: Terocin Patch contains lidocaine 4% and menthol. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS only recommends lidocaine as a patch and a 5% formulation. CA MTUS is silent on menthol but it is recognized as part of most salicylate topicals. In this case, the patient was prescribed Terocin patches for mild to moderate pain. Patient's manifestations are consistent with neuropathic pain. However, medical records submitted and reviewed do not indicate that the patient has failed first-line oral medications, or has intolerance to it. There is also no compelling evidence for variance from the guidelines. Therefore, the request for TEROGIN PATCH # 10 is not medically necessary.