MAXIMUS Federal Services

Case Number:	CM14-0012654		
Date Assigned:	02/24/2014	Date of Injury:	03/11/2011
Decision Date:	09/22/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 Orthopedic Surgery 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 53-year-old female who has filed a claim for post-cervical reconstruction associated with an industrial injury date of March 11, 2011. Review of progress notes indicates significant improvement of cervical symptoms after cervical reconstruction. Patient also reports continued symptomatology in the bilateral shoulders, wrists, and hands; and lumbar spine. Findings include some erythema and cellulitis around the cervical surgical site; tenderness over both shoulders, left first dorsal compartment of the hand, and lumbar regions; positive impingement sign of bilateral shoulders; positive Tinel and Phalen signs at the wrists; positive seated nerve root test; and dysesthesia at L5-S1 dermatome. MRI of the lumbar spine dated June 17, 2013 showed multilevel discogenic disease with facet arthropathy and compromise of the exiting nerve roots at L4-5 and L5-S1, and mild to moderate wedging of T12.Treatment to date has included NSAIDs, muscle relaxants, physical therapy, and cervical spinal surgeries, latest in October 2013. Of note, patient has had left shoulder arthroscopic surgery and right carpal tunnel release surgery. Utilization review from January 21, 2014 denied the requests for cyclobenzaprine HCl 7.5mg #120, succinate 25mg #90 x 2 refills, omeprazole delayed-release cap 20mg #120, tramadol HCl ER 150mg #90, as there were no updated medical records submitted; and Terocin patch #10 as there was no documentation of trial of first-line medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL TAB 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. There is no documentation outlining the patient's medication history; it is not clear whether the patient has previously been on this medication. In this case, there is no documentation regarding acute exacerbations of pain or significant muscle spasms to support this request. Therefore, the request for cyclobenzaprine HCl tab 7.5mg #120 was not medically necessary.

SUMATRIPTAN SUCCINATE TAB 25MG #90 X2 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, triptans are recommended for migraine sufferers. There is no documentation outlining the patient's medication history; it is not clear whether the patient has previously been on this medication. However, there is no documentation of migraines in this patient. Therefore, the request for sumatriptan succinate tab 25mg #90 x 2 refills was not medically necessary.

OMPERAZOLE DELAYED - RELEASE CAP 20MG #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 : NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes 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. This patient was previously diagnosed with GERD with hiatal hernia. The patient was prescribed Dexilant, and

reports immediate onset of symptoms without medication, and minimal once daily symptoms with medication. However, it is not clear whether the patient is still taking Dexilant, or is switching to this medication. Additional information is needed to support this request. Therefore, the request for omeprazole delayed-release 20mg #120 was not medically necessary.

TEROCIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, 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. In this case, there is no documentation of a trial of first-line therapy as mentioned above. Therefore, the request for terocin patch #10 was not medically necessary.