

Case Number:	CM14-0016433		
Date Assigned:	04/11/2014	Date of Injury:	02/28/2012
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 and 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:

This patient is a 57-year-old male who sustained injury on 02/28/2012. The mechanism of injury is unknown. The treatment history includes physical therapy, cervical and lumbar ESIs, activity modifications, and medications. A progress report dated 12/12/2013 indicates patient has persistent pain of the neck that is aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or about shoulder level. He has low back pain aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, walking, sleeping, pushing, pulling, stooping, bending, reaching, sexual activity, bowel movements, and weather changes, and walking multiple blocks. He also has pain in bilateral knee and big toe, right greater than left. On physical exam of cervical spine, there was tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial Loading Compression test and Spurling maneuver were positive. Painful and restricted cervical ROM. There was dysesthesia at the C6 and C7 dermatomes. On physical exam of lumbar spine, there was tenderness from the mid to distal lumbar segments. Pain with terminal motion. Seated nerve root test was positive and dysesthesia at the left L5 and S1 dermatomes. Physical exam of bilateral knee was unchanged. There was tenderness in the anterior joint line space. No signs of instability. Patellar grind test was positive. The diagnoses were cervical/lumbar discopathy, internal derangement bilateral knees, and carpal tunnel/double crush syndrome.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZPRINE FLEXERIL; MUSCLE RELAXANTS Page(s): 41,63.

Decision rationale: According to the California MTUS guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. According to the 12/12/2013 progress report, the patient's complaints and objective examination findings remain unchanged, and he is recommended to continue medications. There is no evidence of muscle spasms present on examination and no evidence of an acute exacerbation. The chronic use of muscle relaxants is not recommended. The medical necessity of Cyclobenzaprine is not established.

OMEPRAZOLE DELAYED RELEASE CAP 20MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Procedure Summary, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The medical records reviewed do not document any gastrointestinal complaints. The California MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which are 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events. In accordance with the California MTUS guidelines, Omeprazole DR is not medically necessary and therefore is not recommended.

TRAMADOL HCL ER 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE; OPIOIDS, SPECIFIC DRUG LIST Page(s): 76-78 93-94.

Decision rationale: According to the California MTUS guidelines, the lowest possible dose should be prescribed to improve pain and function. Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that

they stabilize medication levels, and provide around-the-clock analgesia. The medical records do not document quantitative pain level with and without medication use. The medical records do not establish opioid use has led to clinically significant reduction in pain level and improved function. There does not appear to be clinical findings or description of pain and loss of function supporting the need for a long-acting, extended-release opioid-class medication. The medical necessity of Tramadol ER has not been established.

TEROCIN PATCH #30: Upheld

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

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

Decision rationale: Terocin patches contain Lidocaine and Menthol. According to the medical records, the patient complains of neck, low back, bilateral knee and bilateral great toe pain, right greater than left. His diagnoses are cervical/lumbar discopathy, internal derangement of bilateral knees, and carpal tunnel/double crush syndrome. The California MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied Lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is not medically necessary.