

Case Number:	CM14-0111732		
Date Assigned:	08/01/2014	Date of Injury:	03/19/2011
Decision Date:	09/17/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/17/2014

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, has a subspecialty in Pain Management 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 is a 58-year-old male who sustained a remote industrial injury on 03/19/11 diagnosed with cervical discopathy with radiculitis, status post L4-S1 posterior lumbar interbody fusion, status post removal of lumbar spine hardware, internal derangement of bilateral hips, and sprain of bilateral knees. Mechanism of injury is not specified in the documents provided. The request for Orphenadrine 100mg, #120 was non-certified at utilization review due to lack of documentation of muscle spasms and the failure of "Y" drugs in the class of muscle relaxants. The request for Terocin Patch #30 was non-certified at utilization review due to the lack of documentation of intolerance to oral pain medications and the need for an alternative treatment in the form of topical analgesics. The most recent progress note provided is 05/20/14. Patient complains primarily of residual symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, symptomatology in the hips and ankles, and low back pain that has significantly improved since the hardware removal. Physical exam findings reveal tenderness at the right side of the cervical paravertebral muscles and upper trapezial muscles with spasm; there's pain with terminal motion of the cervical spine; there is pain with terminal motion of the lumbar spine; tenderness at the anterolateral aspect of bilateral hips; pain with hip rotation; tenderness at the anterior lateral aspect of bilateral ankles; and pain with terminal motion of bilateral ankles. Current medications are not listed but it is noted that the medications really help the patient. Provided documents include previous progress reports, requests for authorization, and the previous peer review report dated 04/08/14 that non-certifies Terocin Patch, Ondansetron, Tramadol, and Cyclobenzaprine. The previous progress reports do not adequately list the patient's medications. The patient's previous treatments include lumbar surgery and unspecified medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophrenadrine 100mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic drugs. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary: Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The medical necessity of muscle relaxant use is compared to evidence-based criteria. Muscle relaxants are supported for only short-term treatment and chronic use is not supported by guidelines. In this case, provided documentation does not include the patient's current medication list or the list of medications the patient has trialed and failed. Although there is documentation of spasticity, there is no documentation of significant functional/vocational benefit with the use of muscle relaxants. Further, the dosing frequency of this medication is not specified in the request. As such, medical necessity is not supported and Orphenadrine 100mg, #120 is not medically necessary.

Terocin Patch #30: Upheld

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

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

Decision rationale: When assessing the medical necessity of topical medications, CA MTUS is utilized, which notes that topical application of medications is largely experimental. Terocin patches specifically contain Menthol and Lidocaine. According to MTUS, topical Lidocaine is "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)." The documentation does not describe the failure of readily available oral agents in the antidepressant, anti-epileptic, or non-steroidal anti-inflammatory class to support the medical necessity of the Terocin patches. Further, guidelines highlight that Lidoderm is the only commercially approved topical formulation of Lidocaine. For these reasons, medical necessity is not supported and Terocin patches #30 is not medically necessary.