

Case Number:	CM14-0145072		
Date Assigned:	10/16/2014	Date of Injury:	11/15/2005
Decision Date:	12/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine 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 injured worker is a 51-year-old woman with a date of injury of November 12, 2005. The exact mechanism of injury was not specified in the medical records provided. Pursuant to the progress noted dated May 7, 2014, the injured worker complains of pain in the left iliolumbar ligament and radiation of this pain down the left lower extremity and intermittent numbness and tingling sensations affecting the left foot. Physical examination revealed decreased range of motion, tenderness in the left iliolumbar ligament, muscle spasms and trigger points in the left lumbosacral paraspinal muscles, decreased sensation to light touch to the left L5 and Left S1 dermatomal distribution. Reflexes in the ankles and knees were normal. There was normal strength in the bilateral knee flexors, extensors, dorsiflexors, plantar flexors and extensor hallucis longus muscles. A straight leg raise test was positive at 40 degrees. The injured worker was diagnosed with left lumbosacral radiculopathy and myofascial pain syndrome. Current medications include Naprosyn, Omeprazole, Gabapentin, Zanaflex and Nortriptyline. The injured worker was also using Dendracin and Terocin creams. Documentation indicated that the injured worker has been on Flexeril for several months. The injured worker received an unspecified number of physical therapy and acupuncture sessions for this injury. She was using a transcutaneous electrical nerve stimulation (TENS) unit for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Flexeril) 7.5mg #90 x3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Flexeril

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine (Flexeril) 7.5 mg #90 with 3 refills is not medically necessary. Cyclobenzaprine (Flexeril) is recommended as an option for short-term therapy. The effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other drug agents is not recommended. In this case, the injured worker is a 51-year-old who sustained work injury on November 12, 2005. Current diagnoses were left lumbosacral strain with lumbosacral radiculopathy and myofascial pain syndrome. The Flexeril has been in use for greater than 12 months. There is no documentation indicating functional objective improvement. Additionally, the indication for Flexeril is a short-term course of treatment. The injured worker has been taking Flexeril long term with no compelling clinical facts to support its use. Consequently Flexeril 7.5 mg #90 with 3 refills is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flexeril 7.5 mg #90 with three refills is not medically necessary.

Terocin patch 1 patch QD #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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Terocin patch, One patch daily #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains Capsaicin, Lidocaine, and Menthol and Methyl Salicylate. Any compounded product that contains at least one drug (or drug class) is not recommended, is not recommended. Menthol is not recommended. In this case, there is no documentation in the medical record that there was a failure of Neurontin. Additionally, Menthol is not recommended. Any compounded product that contains at least one drug (Menthol) but is not recommended is not recommended. Consequently, Terocin patch I patch daily is not recommended.