MAXIMUS Federal Services

Case Number:	CM14-0156095		
Date Assigned:	09/25/2014	Date of Injury:	04/14/2010
Decision Date:	12/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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:

Injured worker was a 52-year old female whom experienced an industrial injury 04/14/10. She sought medical treatment for pain management following a left medial branch block at C3-4, C4-5. On date of service with her primary treating physician, 03/20/14, she reported 75 percent pain relief and improvement in function for four hours following the medial branch block. She reported pain in the neck and shoulder, rated the pain as 3/10, constant, sharp, shooting, burning, and throbbing. She was prescribed Cyclobenzaprine 10 mg tablet one twice per day as needed for 30 days, omeprazole 20 mg capsule, one tablet per day as needed for 30 days, Relafen 500 mg tablet on twice per day as needed for 30 days, and tramadol 50 mg one tablet twice per day as needed for 30 days. Upon examination on visit with her primary treating physician on 03/20/14, objective findings included no acute distress was noted, cervical spine examination exhibited evidence of spasm, cervical range of motion was reduced, and there was tenderness noted in the cervical paravertebral regions bilaterally and in the bilateral trapezius muscles at the C3-C4, C4-C5 and C5-C6 level. Spurling test was positive bilaterally for neck pain only. Diagnoses were Cervical Radiculopathy (723.4), Cervical Spondylosis (721.0), and .Shoulder Joint Pain (719.41). She displayed favorable results from the cervical medial branch blocks to the point which the pain was almost completely resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42.

Decision rationale: Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as it appears that patient has been taking medication for at least for several months, and it is not recommended for long term use. Therefore, this request is not medically necessary.

Terocin Transdermal Patch #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Current evidence based guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Review of records indicates that this patient has been prescribed Terocin which contains lidocaine, capsaicin, methyl salicylate and menthol. Evidence based guidelines state that lidocaine in a topical formulation is recommended for localized peripheral pain after there is evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch is the only topical formulation indicated for neuropathic pain. Capsaicin is only recommended as an option in patients that have not responded or are intolerant of other treatments. Topical salicylates may be useful in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder; and they are not recommended for neuropathic pain as there is no evidence to support use. The California Medical Treatment Utilization Schedule, Official Disability Guidelines, and National Guidelines Clearinghouse provide no evidence-based recommendations regarding the topical application of menthol.For this patient, as guidelines state, if any compounded product contains at least one drug or drug class that is not recommended it is not recommended. This product contains 3 drugs that are not recommended and he has axial neck pain for which topical NSAIDS are not recommended. Therefore, based on review of the available documentation and the cited guidelines, the request is non-certified.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not medically necessary.