

Case Number:	CM14-0022033		
Date Assigned:	05/09/2014	Date of Injury:	08/30/2012
Decision Date:	12/16/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/21/2014

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 Ohio. 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 48-year-old male with cumulative dates of injury between January 5, 1990 and August 29, 2012. He complains of low back pain radiating to the right lower extremity, bilateral elbow and wrist pain with numbness, bilateral knee pain, and neck pain. His diagnoses include bilateral carpal tunnel syndrome, bilateral ulnar nerve neuropathy, left radial nerve neuropathy, lumbar disc displacement with radiculopathy, and left-sided de Quervain's synovitis. He also had a left hand fracture in 2012. His surgeries include open reduction and internal fixation of the left hand fracture with subsequent pin removal, left carpal tunnel release, and surgery for left cubital tunnel syndrome. The physical exam reveals tenderness to palpation of the cervical paravertebral muscles, mildly diminished cervical range of motion, and a positive axial load and Spurling's test. The lumbar spine reveals tenderness to palpation of the mid to distal segments, a positive seated nerve root test, and dysesthesia of the L5 dermatome. Tinel's sign is positive at the elbows, and Tinel's sign and Phelan's sign is positive at the right wrist. He was being considered for right carpal tunnel syndrome release surgery. He has been treated with the muscle relaxant Flexeril, naproxen, and Norco since at least October 2013. There appears to be a new request for Terocin patches on 1-9-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this instance, the use of cyclobenzaprine had clearly exceeded what would be regarded as a brief treatment. Therefore, cyclobenzaprine 7.5 mg,#120, was not medically necessary per the referenced guidelines.

ONDANSETRON ODT 8 MG #60: 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), Pain (Chronic), Anti-emetics

Decision rationale: Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Anti-emetics like Ondansatron are not recommended for nausea and vomiting secondary to chronic opioid use. In this instance, it is presumed that the use of Ondansatron is for nausea and vomiting secondary to opioid use although there is no documentation provided as to the actual reason. Therefore, Ondansatron ODT 8mg #60 is not medically necessary.

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: Terocin patches contain lidocaine and menthol. 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 anti-epilepsy drug such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this instance, there is no indication by the treating physician as to where the intent of application is meant for the Terocin patches. The injured worker certainly does have regions of localized peripheral pain. However, the record does not reflect a previous trial with an antidepressant or an anti-epilepsy drug. Therefore, Terocin patches, #10, were not medically necessary.