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| Case Number: | CM14-0023954 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 03/30/2007 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 02/06/2014 |
| 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 Occupational 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:

This is a 57-year-old female patient with a 3/30/07 date of injury. She injured herself while taking a client from the bathroom to the bed, and her legs gave out and she grabbed the client to prevent herself from falling. A progress report dated on 2/10/14 indicated that the patient complained of persistent neck and lower back pain, 4-8/10. Her worst pain was in her lower back. There was also shooting pain in her legs, left more than right. She also complained of pain in her neck and right shoulder. She also had numbness and pain, which was radiating to the bilateral arms, left elbow and right hand. Objective findings demonstrated diffuse tenderness in her cervical, thoracic and lumbar areas. She had decreased range of motion in her cervical spine, pain with extension and decreased sensation of the right C5 and C6 dermatomes. There was also decreased range of motion in the lumbar spine and pain with extension. She was diagnosed with Multiple HNPs of the cervical spine, Cervical radiculopathy, Lumbar spine sprain, Chronic pain syndrome, Right shoulder bursitis and impingement and Bilateral carpal tunnel syndrome. Treatment to date: medication management and physical therapy. There is documentation of a previous 2/6/14 adverse determination, based on the fact that there was not enough documentation to approve Terocin patches. In regards to Hydrocodone APAP, it was modified from #180 to #90, to initiate tapering. Cyclobenzaprine was recommended to use only for short-term duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCH BOX (10 PATCHES): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be 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 patient presented with the pain in her neck, bilateral shoulders. She described her pain as shooting. There was also evidence of numbness and pain radiating down her arms. However, there was no documentation of failure of first-line oral medication. In addition, there was no evidence of significant pain relief. Therefore, the request for Terocin pain patch box (10 patches) was not medically necessary.

HYDROCODONE/APAP 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was documentation that the patient was taking Hydrocodone since at least 5/09/13. There were no urine drug screens available. In addition, there was no documentation of objective significant pain relief or functional gains. There was no evidence of a previous attempt to initiate the weaning process. However, in the last UR decision Hydrocodone was modified from #180 to # 90 initiate tapering. Therefore, the request for Hydrocodone/APAP 10/325mg #180, as submitted was not medically necessary.

CYCLOBENZAPRINE 7.5MG TABLET #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was documentation of long-term use of Cyclobenzaprine, since at least 9/13. There was no evidence of significant pain relief, because in the recent progress report the patient described the pain as shooting, with numbness and pain radiating down the arm. In addition, Guidelines recommended only short term use of muscle relaxants. Therefore, the request for Cyclobenzaprine 7.5mg tablet #60 was not medically necessary.