MAXIMUS Federal Services

Case Number:	CM14-0029994		
Date Assigned:	06/20/2014	Date of Injury:	11/24/2010
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 52-year-old female who reported an injury on 11/24/2010. The mechanism of injury was not provided for review. The diagnoses included cervical radiculopathy, L4-5 and L5-S1 lumbar radiculopathy, and rotator cuff tendinitis. Within the clinical note dated 01/09/2014, the injured worker reported having significant C5-6 and C6-7 discopathies with foraminal narrowing shown on the MRI. Prior treatments include MRI, cervical epidural steriod injection, medication, physical therapy.Upon the physical examination the provider noted the injured worker to have decreased cervical extension. The provider indicated that the injured worker's upper extremity motor and sensory exam was grossly intact. He noted the injured worker to have decreased lumbar flexion, positive sciatic notch tenderness. The provider noted the lower extremity motor and sensory exams revealed some right sided hamstring and quadriceps weakness The provider recommended the injured worker to have massage therapy for 18 visits. The provider requested Terocin patches and Zanaflex. However, a rationale was not provided for review. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin patches is non-certified. The injured worker reported having significant C5-6 and C6-7 discopathies with foraminal narrowing, shown on an MRI. Terocin patches contains menthol 4% and lidocaine 4%. The California MTUS Guidelines note topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. The guidelines note any compound or product that contains 1 drug or drug class that is not recommended, is not recommended. The guidelines note topical lidocaine is recommended for neuropathic pain and localized pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch, Lidoderm is the only FDA approved and recommended formulation of topical lidocaine. There is lack of documentation the injured worker had signs and symptoms or was diagnosed with osteoarthritis. There is lack of documentation indicating the injured worker to be diagnosed with neuropathic pain. There is lack of documentation indicating the injured worker tried and failed on first line agents for management of neuropathic pain. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request for Terocin patches is non-certified.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Zanaflex 4 mg is non-certified. The injured worker reported significant C5-6 and C6-7 discopathies with foraminal narrowing revealed on an MRI. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective regarding pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS in pain and overall improvement. There is lack of significant objective findings indicating the injured worker had muscle spasms. The injured worker had been utilizing the medication for an extended period of time since at least 01/2014, which exceeds the guidelines recommendation of short term use for 2 to 3 weeks. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request for Zanaflex 4 mg is non-certified.