

Case Number:	CM14-0030905		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2009
Decision Date:	08/29/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 55 year old employee with date of injury of 11/4/2009. Medical records indicate the patient is undergoing treatment for cervical discopathy; double crush syndrome; right knee medial meniscus tear and chondromalacia patella; s/p L4-5 posterior lumbar interbody fusion and removal of lumbar spine hardware. Subjective complaints include chronic headaches, chronic right knee pain, tension between shoulder blades and migraines. Objective findings include tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. There is painful and restricted cervical motion. There is dysesthesia at the C5 to C7 dermatomes. There is tenderness at the right knee joint line and the anterolateral region around the anterior talofibular ligament. Patient has a positive McMurray's sign and a positive patellar compression test. Axial loading compression test and Spurling's maneuver are positive as well. The patient has pain with terminal motion in the lumbar spine. Treatment has consisted of Quazepam, Sumatriptan, Naproxen Sodium, Omeprazole, Terocin and Cyclobenzaprine. Diagnostic/therapeutic arthroscopy was recommended. The utilization review determination was rendered on 2/13/2014 recommending non-certification of Terocin Patch #10 and Cyclobenzaprine HCL 7.5mg Tab #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #10: 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, Lidoderm patches Page(s): 111, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

Decision rationale: Terocin Patch is a topical pain patch that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". The patient's medical records do not document the patient as having post-herpetic neuralgia. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. MTUS states regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states concerning lidocaine, "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia". Lidocaine is not supported by the treatment guidelines. As such, the request for Terocin Patch #10 is not medically necessary at this time.

Cyclobenzaprine HCL 7.5mg Tab #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants

should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. The utilization reviewer on 2/13/2014 recommended weaning of Cyclobenzaprine for titration and eventual discontinuation. As such, the request for Cyclobenzaprine 7.5mg #120 is not medically necessary.