

Case Number:	CM14-0030929		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2012
Decision Date:	07/18/2014	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 Occupational Medicine and is licensed to practice in Texas. 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 54 year old male injured on 10/16/12 due to undisclosed mechanism of injury. Current diagnoses included cervical/lumbar discopathy, status post left shoulder surgery 2012, right elbow medial and lateral epicondylitis, and internal derangement bilateral hips. Clinical note dated 01/09/14 indicated the injured worker presented complaining of neck pain aggravated by repetitive motions. The injured worker also complained of low back pain awaiting authorization for cervical epidural steroid injection. Symptomology in the left shoulder, left elbow, bilateral hips, and bilateral knees had not changed significantly from prior assessments. The injured worker reported low back pain radiating to the left leg with associated numbness, weakness, and paresthesia. Treatments included epidural steroid injection, physical therapy, and medication management. The initial request for pharmacy purchase of cyclobenzaprine 7.5mg #120, Sumatriptan 25mg #9 times two, and Terocin patch #10 was not medically necessary on 02/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Cyclobenzaprine 7.5 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: pain section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Cyclobenzaprine 7.5 mg #120 cannot be established at this time.

Sumatriptain 25 mg #9 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: As noted in the Official Disability Guidelines, triptans are recommended for migraine sufferers. However, there is no indication in the documentation provided that the injured worker suffers from migraines, has symptoms associated with acute headaches, or has a diagnosis of migraine headaches requiring treatment with medication containing triptans. As such, the request for Sumatriptain 25 mg #9 x 2 cannot be recommended as medically necessary.

Terocin Patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Salicylate topicals Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the Terocin Patch #10 cannot be recommended as medically necessary.