

Case Number:	CM14-0034740		
Date Assigned:	06/23/2014	Date of Injury:	06/08/2011
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 Hawaii. 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 case is a 55 year old female with a date of injury on June 8m 2011. A review of the medical records indicate that the patient is undergoing treatment for facet arthropathy, lumbar stenosis, and cervical stenosis. Subjective complaints include neck pain with radiculopathy and low back pain with radiculopathy to lower extremities. Objective findings include tender to palpation of right trapezius, mid-thoracic region, and diffuse tenderness throughout the lumbar region. Treatment has included chiropractic sessions (25+), acupuncture sessions (10+), Flexeril, Norco, Ketoprofen, cervical epidural (August 16, 2013). A utilization review dated March 5, 2014 noncertified the request for Terocin pain patches #10 and Cyclobenzaprine 7.5mg #30, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, LIDODERM PATCHES Page(s): 111, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: Terocin patch is topical pain patch that contains lidocaine and menthol. The Official Disability Guideline states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents 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. The California MTUS additionally 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." Lidocaine, in this case, is not supported by the treatment guidelines. As such, the request for is not medically necessary.

Cyclobenzaprine 7.5mg #30, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), MEDICATIONS FOR CHRONIC PAIN Page(s): 41-42, 60-61.

Decision rationale: The California MTUS Guideline states for Cyclobenzaprine (Flexeril), "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." Additionally, the California MTUS Guideline outlines, "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" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions" The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which the California MTUS Guideline advise against. Medical records indicate that the patient has been on Flexeril since at least December 2013, which exceeds the recommended 'short term' treatment course of 2-3 weeks. As such, the request for Flexeril 10mg is not medically necessary.