MAXIMUS Federal Services

Case Number:	CM14-0044050		
Date Assigned:	07/02/2014	Date of Injury:	08/24/2009
Decision Date:	08/07/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 62 year old female who was injured on 8/24/2009. The diagnoses are status post C5-C6 spinal fusion, neck pain, headache and cervical radiculopathy. Following the cervical spine surgery in 1/7/2014, the neck pain temporarily decreased but has now worsened. An X-ray test on 3/19/2014 showed an intact stable fusion and post-operative changes. On 3/24/2014, [redacted] noted subjective complaints of neck pain associated with neck stiffness and numbness of the hands. The Tinel's test and Phalen's sign was reported as positive. On a later office visit on 6/25/2014, the neck pain was rated as 5/10 on a scale of 0 to 10. The numbness was reported to be occurring occasionally. The Tinel's and Phalen's signs was reported as negative. The medications are Norco and topical Terocin lotion for pain, Flexeril for muscle spasm and Protonix for the treatment of GERD and prevention of gastritis. A Utilization Review determination was rendered on recommending non certification for Flexeril 7.5mg #90 2 refills, Protonix 20mg #60 2 refills, Norco 5/325mg #60 2 refills and Terocin lotion 120ml 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63-66.

Decision rationale: The CA MTUS addressed the use of antispasmodic and muscle relaxants in the treatment of muscle spasm associated with chronic pain. It is recommended that only non sedating medications be used as second-line options for short term treatment of symptoms that is non responsive to standard NSAIDs, physical therapy and exercise. The record indicate that the patient have been utilizing Flexeril, a sedating muscle relaxant for many years.The use of Flexeril with other sedatives and opioids is associated with increased risk of dependency, sedation and addiction.The criteria for the use of Flexeril 7.5mg #90 x2 was not met. Therefore, the request is not medically necessary.

Protonix 20mg #60 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk, Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71.

Decision rationale: The CA MTUS addressed the use of proton pump inhibitors for the prevention and treatment of NSAIDs induced gastrointestinal disease, GERD and peptic ulcer disease. The record indicates that the patient has a long standing history of GERD and polymedications induced gastritis that is reponsive to treatment with Protonix. The patient is 62 years old and have a history of other co-existing medical conditions. The criteria for the treatment with Protonix 20mg #60 x2 was met.Therefore, the request is medically necessary.

Norco 5/325 #60 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids, When to continue Opioids, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of severe pain during acute chronic injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. Opioids could also be utilized for the maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain management, behavioral modifications and psychiatric treatments when indicated. The records indicate that the patient have completed surgery and conservative management options. There is decreased pain scores with increased ADL with the use of

medications. The criteria for the use of Norco 5/325mg #60 x2 was met. Therefore,the request is medically necessary.

Terocin Lotion 120ml x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations as second line options for the treatment of neuropathic pain and osteoarthritis. The record did not show that the patient have failed treatment with first-line anticonvulsant and antidepressant medications. Terocin lotion contains menthol 10%, lidocaine 2.5%, capsaicin 0.025% and methyl salicylate 25%. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. There is evidence based support for the use of lidocaine and capsaicin in individual preparations but not in combination with other products. There is no guideline approved indication for the use of menthol. The criteria for the use of Terocin lotion 120ml X2 was not met. Therefore, the request is not medically necessary.