

Case Number:	CM14-0046937		
Date Assigned:	07/02/2014	Date of Injury:	05/28/2013
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 49-year-old female with date of injury of 05/28/2013. The listed diagnoses per [REDACTED] dated 01/30/2014 are:1. Cervical HNP C4-C5 with mild canal stenosis.2. Cervical radiculopathy.3. Lumbar facet arthropathy.4. Right shoulder arthralgia.5. Urinary complaints of unknown etiology. According to this report, the patient complains of neck, mid-back, and low back pain. She currently rates her neck and mid-back pain at 6/10 on the pain scale. She rates her low back pain 5/10 to 8/10 on the pain scale. The objective findings show that the patient is alert, oriented in no acute distress. She has limited range of motion in the cervical and lumbar spine. She has diffuse tenderness to palpation of the lumbar spine. Sensation is diminished in the right C5, C6, C7, and C8 dermatomes. She has diminished sensation in the right L3, L4, L5, and S1 dermatomes. She does have a positive Hoffmann's test bilaterally. The utilization review denied the request on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch Box (10 patches) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Page(s): 56-57, 112.

Decision rationale: This patient presents with neck, midback, and low back pain. The provider is requesting Terocin patches. The MTUS Guidelines page 112 on topical lidocaine states, Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The records show that the patient has utilized Terocin patches since 11/08/2013. The provider documents medication efficacy stating, The patches help to decrease her pain and improve her ability to walk around the house. However, this patient does not present with neuropathic pain, but neck, mid and low back pain. Lidocaine patches are not indicated for axial spinal pains. Recommendation is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with neck, mid-back, and low back pain. The provider is requesting cyclobenzaprine 7.5 mg quantity #60. The MTUS Guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy. There is limited mixed evidence that does not allow for recommendation for chronic use. Cyclobenzaprine is skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). In addition, this medication is not recommended to be used for a longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on November 2013. In this case, long-term use of cyclobenzaprine is not supported by the guidelines. Recommendation is not medically necessary.