

Case Number:	CM14-0046973		
Date Assigned:	07/02/2014	Date of Injury:	06/23/2013
Decision Date:	10/01/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Medicine 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:

This 42 year old patient had a date of injury on 6/23/2013. The mechanism of injury was not noted. In a progress noted dated 2/24/2014, subjective findings included occipital headaches and pain in neck and mid back rated 6/10, upper back, low back and buttocks pain rated as 8/10, left shoulder pain 4/10 and hips pain 7/10. On a physical exam dated 2/24/2014, objective findings included tenderness to palpation noted on lumbar spine. Range of motion of lumbar spine is restricted due to pain. Diagnostic impression shows lumbar disc protrusion, lumbago Treatment to date: medication therapy, behavioral modification A UR decision dated 3/10/2014 denied the request for cyclobenzaprine 7.5mg #60, stating no documentation of muscle spasm and acute exacerbation of low back pain to warrant its use. Terocin patch was denied, stating that no documentation that this claimant is intolerant or unable to take oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is 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. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In a progress report dated 2/24/2014, there was no documentation of an acute exacerbation of pain noted. Furthermore, there were no complaints of muscle spasm. Therefore, the request for cyclobenzaprine 7.5mg #60 is not medically necessary.

Terocin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In a progress report dated 2/24/2014, and in the reports viewed, there was no discussion regarding the patient failing a 1st line oral treatment regimen such as Gabapentin or Lyrica. Furthermore, there was no quantity specified, as well as number of patches, application site, and duration of use. Therefore, the request for Terocin patch is not medically necessary.