MAXIMUS Federal Services

Case Number:	CM14-0077208		
Date Assigned:	07/18/2014	Date of Injury:	09/13/2012
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 Interventional Spine 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 57-year-old male with a date of injury of 09/13/2012. The listed diagnoses per Dr. [redacted] are: Lumbar spine degenerative disk disease with annular tear and disk protrusion, and Second finger sprain/strain. According to a progress report dated 04/10/2014, the patient presents with complaints of low back pain rated at 5/10 and left finger pain rated at 4/10. With medications patient's activities of daily living increased and pain decreases. Examination revealed tenderness in the paraspinal region with limited range of motion. Progress report 03/11/2014 indicates the patient has continued lumbar spine and left second finger pain. The pain in the lower back radiates to the left leg and foot with numbness and tingling sensation. Treater is requesting refill of Cyclobenzaprine 7.5 mg #90, Terocin patch #30, topical compound creams, and acupuncture 2 times a week for 4 weeks. Utilization review denied the request on 05/07/2014. The medical file indicates the patient has been administered monthly urine drug screens since 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain).

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

Decision rationale: This patient presents with continued low back and left second finger pain. The treater is requesting a refill of Cyclobenzaprine 7.5 mg #90. The MTUS Chronic Pain Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." Review of the medical file indicates the patient has been taking this medication since at least 02/11/2014. Report 02/11/2014 and 04/10/2014 does not indicate spasm on examination. Furthermore, this medication is not intended for long-term use. As such, the request is not medically necessary and appropriate.

Acupuncture two times a week for four weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: This patient presents with continued low back and left finger pain. The treater is requesting acupuncture 2 times a week for 4 weeks to the lumbar spine. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Review of the medical file which includes progress reports from 01/23/2014 through 04/10/2014 indicates the patient has participated in prior acupuncture treatment. The treater in his progress report checks a box that states "improved from acupuncture." There is no indication of when acupuncture treatments were received and the number of treatments completed. In this case, the treater does not provide a discussion of functional improvement with prior acupuncture treatment. MTUS allows for treatments to be extended only when functional improvement has been shown. Recommendation is for denial.

Flurbiprfen20%/tramadol20%/cyclobezaprine4% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 111.

Decision rationale: The patient presents with continued low back and left second finger pain. The treater is requesting a topical compound cream which includes flurbiprofen 20%, tramadol 20%, and Cyclobenzaprine 4%. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The MTUS Chronic Pain Guidelines further states, "Any

compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Tramadol is not tested for transdermal use with any efficacy and Cyclobenzaprine is a muscle relaxant and not recommended in any topical formulation. As such, the request is not medically necessary and appropriate.

Gabapentin10%/amitriptyline10%/dextrol10% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 111.

Decision rationale: This patient presents with continued low back and left second ring finger pain. The treater is requesting a topical compound cream that includes Gabapentin 10%, Amitriptyline 10%, and Dextrol 10%. The MTUS Chronic Pain Guidelines regarding topical analgesics states "it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation. Therefore, the entire compounded formulation is not recommended. As such, the request is not medically necessary and appropriate.

Terocin patch (menthol/lidocaine 4%/4%) #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 111.

Decision rationale: This patient presents with continued low back pain and left second ring finger pain. The treater is requesting a refill of Terocin patch #30. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Chronic Pain Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's low back pain, which is not supported by MTUS. The requested Terocin patches are not medically necessary and appropriate.