

Case Number:	CM14-0087242		
Date Assigned:	07/23/2014	Date of Injury:	06/27/2011
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 & Rehabilitation 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 injured worker is a 30-year-old female who reported an injury on 06/27/2011. The mechanism of injury was not provided in the medical records. The injured worker's diagnosis was cervicalgia. Her past treatments were noted to include physical therapy, home exercises, activity modification, and medications. A 03/13/2014 clinical note indicated that the injured worker was pending cervical fusion surgery. Her symptoms were noted to include low back pain and cervical spine pain. A 04/04/2014 treatment plan indicated that requests were submitted for cyclobenzaprine for muscle spasm, ondansetron for nausea as a side effect to cyclobenzaprine and other analgesics, Omeprazole for GI symptoms, tramadol for acute severe pain, and levofloxacin to avoid postoperative infection. The Request for Authorization Form was submitted on 05/07/2014. It was noted that the medications were requested as postoperative medications. However, a clinical note with a clear rationale for the requests was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, non-sedating muscle relaxants may be recommended as a second line option for the short term treatment of acute exacerbation of chronic low back pain. The clinical information submitted for review indicated that the injured worker has low back pain as well as cervical spine pain. However, documentation was not provided to indicate that the injured worker was suffering from acute spasm. In addition, the 04/04/2014 treatment plan indicated that she was utilizing cyclobenzaprine as a muscle relaxant. Therefore, documentation is needed regarding the request for orphenadrine to establish whether this medication is to be used in addition to cyclobenzaprine or instead of cyclobenzaprine. In the absence of further documentation with a rationale for this medication, the request is not supported. In addition, the request failed to provide a dose and frequency. For the reasons noted above, the request is not medically necessary.

Levofloxacin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious disease, Levofloxacin (Levaquin®).

Decision rationale: According to the Official Disability Guidelines, Levaquin is recommended as a first line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The clinical information submitted for review indicated that the injured worker was pending a request for a cervical fusion at her visit in 03/2014 and the Request for Authorization indicated that this medication was being recommended for postoperative purposes. However, clear documentation indicating the type of surgery that the injured worker had undergone was not provided. In addition, it was noted that Levaquin was recommended to prevent postoperative infection, which is not an indication for use of Levaquin noted by the Official Disability Guidelines. Further, documentation is needed regarding the duration the injured worker has been taking this medication and whether it has been effective without adverse side effects. Moreover, the request failed to provide a frequency of use. For the reasons noted above, the request is not medically necessary.

Terocin Patch #30: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety, and are primarily recommended when trials of antidepressants and anticonvulsants fail to control neuropathic pain.

The guidelines also state that compounded products that contain 1 drug that is not recommended are also not recommended. Terocin patches are noted to include menthol 4% and lidocaine 4%. In regard to topical lidocaine, the guidelines state that topical lidocaine is only recommended in the formulation of the Lidoderm patch for neuropathic pain. The guidelines go on to state that other formulations, including creams and ointments, are not supported at this time. Therefore, as the Terocin patch contains a formulation of lidocaine other than the Lidoderm patch, use is not supported. In addition, a clear rationale for this treatment with details including the body part it is to be applied to was not provided. Further, the request failed to indicate the dose and frequency. For the reasons noted above, the request is not supported. For the reasons noted above, the request is not medically necessary.