

Case Number:	CM14-0091945		
Date Assigned:	07/25/2014	Date of Injury:	03/27/2006
Decision Date:	08/28/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/16/2014

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:

According to the records made available for review, this is a 59-year-old male with a 3/9/06 date of injury. At the time (4/7/14) of request for authorization for Terocin (lidocaine-menthol) 4% adhesive patch (quantity unspecified), Prilosec 20 mg capsule delayed release qty 90, and Flexeril 7.5mg tablet qty 180 there is documentation of subjective (lower back and leg pain) and objective (bilateral lumbar facet pain at L3-S1 region, lumbar intervertebral pain on palpation, and antalgic gait) findings, current diagnoses (lumbar spine pain and radiculopathy, vertigo, sprain and strain of cruciate ligament of knee, and backache), and treatment to date (medications(including ongoing Terocin patch, Prilosec, and Flexeril since at least 2/12/14 as well as NSAIDs)). Regarding Prilosec, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAIDs) and functional benefit or improvement as a reduction in work restrictions such as an increase in activity tolerance and/or a reduction in the use of medications as a result of Prilosec use to date. Regarding Flexeril, there is no documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks) and functional benefit or improvement as a reduction in work restrictions such as an increase in activity tolerance and/or a reduction in the use of medications as a result of Flexeril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (lidocaine-menthol) 4% adhesive patch (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine pain and radiculopathy, vertigo, sprain and strain of cruciate ligament of knee and backache however Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin (lidocaine-menthol) 4% adhesive patch (quantity unspecified) is not medically necessary.

Prilosec 20 mg capsule delayed release QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes ages over 65, history of peptic ulcer, GI bleeding or perforation and concurrent use of aspirin, corticosteroids, an anticoagulant and or high dose multiple non-steroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs. Within the medical information available for review, there is documentation of lumbar spine pain and radiculopathy, vertigo, sprain and strain of cruciate ligament of knee and backache. In addition, there is documentation of ongoing treatment with Prilosec however despite documentation of ongoing treatment with NSAIDs, there is no (clear) documentation of risk for gastrointestinal event (high dose/multiple NSAIDs). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 mg capsule delayed release qty 90 is not medically necessary.

Flexeril 7.5mg tablet qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. The MTUS Guideline identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions such as an increase in activity tolerance and/or a reduction in the use of medications or medical services. Official Disability Guideline identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar spine pain and radiculopathy, vertigo, sprain and strain of cruciate ligament of knee and backache. In addition, there is documentation of ongoing treatment with Flexeril however there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 2/12/14, there was no documentation of the intention to treat over a short course (less than two weeks). In addition, there also was no documentation of functional benefit or improvement or reduction in work restrictions such as, an increase in activity tolerance and/or a reduction in the use of medications or as a result of Flexeril to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg tablet qty180 is not medically necessary.