

Case Number:	CM13-0050717		
Date Assigned:	12/27/2013	Date of Injury:	03/19/2010
Decision Date:	04/10/2015	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old male who sustained an industrial injury on 03/19/2010. Diagnoses include lumbago, traumatic arthritis left knee; status post left total knee arthroplasty- January 2013, impingement with partial tear rotator cuff, right shoulder, pending arthroscopic subacromial decompression, and traumatic arthritis right knee, pending results from recent Magnetic Resonance Imaging. Treatment to date has included medications, and physical therapy. A physician progress note dated 08/06/2013 documents the injured worker has moderate tenderness in the subacromial area. The tenderness is increased with resistance to forward flexion or increased with resistance to external rotation when the arm is dependent and his elbow is directly next to his trunk. Magnetic Resonance Imaging reveals he has symptoms consistent with impingement. 11/12/2013 the injured worker was 2 weeks post mini-open subacromial decompression with distal clavicle resection. He has minimal pain. The injured worker will continue with passive exercises for another two weeks. Treatment requested is for Terocin Patch # 10, and Cyclobenzaprine Hydrochloride Tab 7.5mg #120. On 10/30/2013 Utilization Review non-certified the request for Terocin Patch # 10 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Cyclobenzaprine Hydrochloride Tab 7.5mg #120 was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE TAB 7.5 MG, #120: 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended". In this particular case the patient has no evidence in the records of 11/12/13 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.

TEROCIN PATCH, #10: 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): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Therefore the determination is for non-certification for Terocin.