

Case Number:	CM14-0173778		
Date Assigned:	10/27/2014	Date of Injury:	05/17/1999
Decision Date:	01/22/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old female with a work injury dated 5/17/99. The diagnoses include myoligamentous strain of the cervical spine with radicular symptoms to the right upper extremity; rule out herniated nucleus pulposus; inflammatory process of the right shoulder; rule out rotator cuff tear; rule out impingement syndrome; lateral epicondylitis, right; inflammatory process of the right wrist; hypertension; anxiety/depression. Under consideration are requests for retro Naproxen 550mg #60; Ultracet 37.5mg #60; Zanaflex 4mg #60; Gabapentin / acet250/125mg #18; Terocin patches #10 dispensed 6/16/14. There is a 9/17/14 document that states that the patient is not working and has sustained no new injuries. There is moderate frequent neck pain with spasms, right hand and wrist pain as well as headaches. Medications and Terocin patches are very effective and are helping to deal with her pain and activities of daily living. The objective findings re Blood Pressure: 120/80 Weight: 195.8 lbs. Range of motion of the cervical spine is decreased. There is tenderness to palpatory testing. Range of motion of the right shoulder is decreased. There is tenderness to palpatory testing. Range of motion of the right elbow is decreased. There is tenderness to palpatory testing. Range of motion of the right wrist is decreased. There is tenderness to palpatory testing. The treatment plan was to discontinue Ultracet and start and dispensed Tramadol HCL 150mg #60, Refill/dispensed naproxen 550 mg #60, Tizanidine 4 mg #60, and Gabapentin/acetyl-I-carnitine 250/125 mg #90. Discontinue Terocin patches and start and dispensed Flurbiprofen 25%/lidocaine 5%/menthol 5%/camphor 1% transdermal cream, three-day supply, to provide targeted pain relief with reduced side effects associated with oral medications ;Genetic testing to assess risk and predisposition for addiction to opiates. Requesting MRI right wrist; she will follow-up with for psyche treatment and for blood pressure. There is a 6/6/14 document that states that the patient is not working and has

sustained no new injuries. Minimal occasional neck pain with spasms and medications are helping. On exam the blood pressure: 120/84 Weight: The range of motion of the cervical spine is decreased. There is tenderness to palpatory testing. Range of motion of the right shoulder is decreased. There is tenderness to palpatory testing. Range of motion of the right elbow is decreased. There is tenderness to palpatory testing. Range of motion of the right wrist is decreased. There is tenderness to palpatory testing. The treatment plan states Continue present care with medications. Refill/dispensed Naproxen 550 mg #60, Tramadol/ACET 37.5/325 mg #60, Tizanidine 4 mg #60, and Gabapentin/acetyl-L-carnitine 250/125 mg #90. Dispensed a one-month supply of Terocin patches for targeted pain relief and recommended for localized peripheral pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.

Ultracet 37.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Tramadol/Acetaminophen

Decision rationale: The ODG states that Ultracet is for short term use 5 days in acute pain management. The MTUS states that Tramadol is a synthetic opioid affecting the central nervous system. The documentation indicates that this is not being prescribed for the recommended short

term use in acute pain management. The patient has chronic pain and prior use of Ultracet have not been documented to cause significant functional improvement. The request for Ultracet 37.5mg #60 is not medically necessary.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Muscle relaxants Page(s): 63, 66.

Decision rationale: The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic neck pain rather than acute. There is no evidence of functional improvement on prior Tizanidine therefore the request for Tizanidine 4mg # 60 is not medically necessary.

Gabapentin / acet250/125mg #18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The guidelines states that for antiepileptic medications such as Gabapentin that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epileptic medications depends on improved outcomes versus tolerability of adverse effects. The documentation does not indicate evidence of significant functional improvement from this medication. The updated ACOEM states that complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The request is for Gabapentin in combination with acetyl-L-carnitine which is a nutritional supplement. The documentation does not indicate extenuating factors to go against these guideline recommendations therefore the request for Gabapentin / acet250/125mg #18 is not medically necessary.

Terocin patches #10 dispensed 6/16/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Menthol, Topical analgesics Page(s): 56, 105, 111, 112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb&name=TEROCIN>

Decision rationale: An online review of Terocin Patch reveals that the active ingredients are Menthol 4% and Lidocaine 4%. Per MTUS guidelines, topical lidocaine in the form of a creams, lotions or gel is not indicated for neuropathic pain. The guidelines state that lidocaine in a patch form may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). and is only FDA approved for post-herpetic neuralgia. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of intolerance to oral medications, failure of first-line therapy and no indication of postherpetic neuralgia in this patient Terocin patch are not medically necessary.