MAXIMUS Federal Services

Case Number:	CM14-0186508		
Date Assigned:	11/14/2014	Date of Injury:	05/01/2013
Decision Date:	01/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 and 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 patient is a 48 year old female with date of injury 05/01/13. The treating physician report dated 10/13/14 indicates that the patient presents with pain affecting her low back. The physical examination findings reveal chronic LBP radiates to LE L>R with numbness and tingling. The patient is taking Remeron to help her sleep. Patient also has increased anxiety and is taking antidepressants. Prior treatment history includes acupuncture. The current diagnoses are: 1. Lumbosacral or Thoraic: Neuritis or Radiculitis, Unspec, 2. Lumbalgia/Lumbar Intervertebral Disc w/o Myelopathy, 3. Myofascial Pain, 4. Poor coping. The utilization review report dated 10/31/14 denied the request for Terocin, Omeprazole, and Cyclobenzaprine based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml,: Upheld

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

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

Decision rationale: The patient presents with lower back pain. The current request is for Terocin 120ml. Terocin is a compounded medication, which includes Lidocaine, Capsaisin, Salicylates

and Menthol. The MTUS guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not support the usage of salicylate topical, an NSAID for the treatment of lower back pain. Salicylate topical is supported for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with lumbar pain and radicular pain for which topical NSAID is not indicated. Recommendation is for denial.

Omeprazole 20mg #60,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-69.

Decision rationale: The patient presents with lower back pain. The current request is for Omeprazole 20 mg #60. The MTUS guidelines supports the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treating physician does document that the patient suffers from constipation but that it is well controlled with Docusate. There is no other supporting evidence in the report dated 10/13/14 indicating that the patient suffers from gastric side effects due to NSAID use. Recommendation is for denial.

Cyclobenzaprine: Upheld

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

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

Decision rationale: The patient presents with lower back pain. The current request is for Cyclobenzaprine. The ODG guidelines state, "Recommended as an option, using a short course of therapy. " The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. In this case there is a periodic report from the treating physician dated 10/6/14, which indicates that as part of the treatment plan, Cyclobenzaprine would be refilled. There is no documentation as to when the patient began that drug or how long after the request on 10/13/14 the patient would be prescribed the medication. Both MTUS and the ODG guidelines recommend short-term use of Cyclobenzaprine and the current request does not indicate the dosage or duration of usage. Recommendation is for denial.