

Case Number:	CM14-0199467		
Date Assigned:	01/13/2015	Date of Injury:	06/14/2005
Decision Date:	02/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 6/14/2005. Mechanism of injury is merely noted as repetitive stress injury. Patient has diagnoses of cervicgia with radiculopathy, myofascial pain syndrome, medial and lateral epicondylitis, R carpal tunnel surgery post release, bilateral biceps tendonitis, complex regional pain syndrom of R upper extremity, sleep disturbances, depression/anxiety, cervicogenic headaches and cognitive impairment. Medical reports reviewed. Last report available until 10/6/14. Patient complains of 5/10 pain. No other details of pain was documented. Very little information is documented in progress note. Most of the note involves the provider complaining about multiple prior UR denials. Provider claims that lack of improvement in pain or function is due to gastrointestinal issues leading to "problems with absorption of medication" due to vomiting. Provider states that patient continues to take the medications. Documentation is that "it is effective" for the patient. Functional status is described as "Stable" on current medication regiment allowing the patient to perform ADLs and function. Pt has had significant issues with vomiting recently. Patient complains of "problem with position of spinal cord stimulator". Believed to be due to weight loss. Objective exam reveals dysesthesia, allodynia and hyperesthesias in R upper extremity with 4/5 weaknes. Sensory deficits along C5-8 dermatomes notes in R upper extremity. Myofascial pain and spasms in neck area with multiple trigger points in upper trapezius bilaterally. R upper extremity skin and color changes with sweating. Range of motion is decreased. Tenderness noted at stimulator site. Current medications include Oxymorphone ER, Methadone, Oxycodone, Clonidine, Zanaflex, Lyrica, Trazodone, Cymbalta, Terocin lidocaine and Monarch pain cream. Independent Medical Review is for "Re-evaluation", "Repositioning of current stimulator", Monarch pain cream #2 tubes, Zanaflex 4mg #120, Lyrica 150mg #60, Trazodone 50mg #60, Cymbalta 60mg #60 and "Terocin 4% Lidocaine

patch #30". Prior Utilization Review on 10/28/14 recommended non-certification. It partially certified "Re-evaluation" to 1 visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177 & 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-90.

Decision rationale: As per ACOEM guidelines, patients with long term delayed recovery or disability should be reevaluated and changes to treatment plan may be considered. Re-evaluation by pain specialist is medically necessary.

Repositioning of current stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Mekhail NA et al. Retrospective Review of 707 Cases of Spinal Cord Stimulation: Indications and Complications; Pain Practice, volume 11, issue 2, 2011, 148-153.

Decision rationale: MTUS Chronic pain guidelines has specific recommendations concerning use and placement of spinal cord stimulator. Review of quoted papers states that lead migration has a very low(0.7%) rate. The provider has failed to provide any evidence of lead migration except for patient's complains of pain to site. Reposition of stimulator lead is not medically indicated.

Monarch pain cream 2 tubes: 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: As per MTUS guidelines topical creams are considered experimental with poor evidence to support efficacy or use. Despite internet search of multiple databases including FDA database, there is no noted or listed medication called "Monarch pain cream". There is a company called Monarch Medical Group that is a drug compounding company. This means

either this cream is a compounded product or a non-FDA approved cream. The lack of documentation of what this cream is means that the active compounds are unknown and cannot be approved. Monarch pain cream is not medically necessary.

Zanaflex 4mg #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 Antispasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex(Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is documentation of muscle spasms. However, patient has been on this medication chronically and the number of tablets requested is not appropriate. Tizanidine is not medically necessary.

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 16-20.

Decision rationale: As per MTUS Chronic pain guidelines, Antiepilepsy drugs(AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only. It is sometimes used off label for other neuropathic pain such as complex regional pain syndrome although evidence to support its use is poor. First line anti-epileptic is for CRPS is gabapentin. The provider has not documented why the patient is on a 2nd line drug for CRPS and there is no objective evidence of any benefit from this medication. There is no improvement in pain or function or a documented decrease in pain medication intake. Documentation does not support the use of a 2nd line medication with no evidence of improvement. Lyrica is not medically necessary.

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Trazodone is a type of anti-depressant medication that is sometimes used for sleep. As per MTUS Chronic pain guidelines, anti-depressants may be considered for

neuropathic pain. However, it is a 2nd line medication. There is no documentation of prior attempts at other 1st line anti-depressants. There is no noted improvement in sleep or mood with this medication. Since evidence does not support its use in cervical pain, CRPS pain or sleep problems, the request for Trazodone is not medically necessary.

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Cymbalta/Duloxetine is a type of SNRI anti-depressant medication. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. There is no documented objective improvement in pain or function although patient has been noted to be stable on current regimen. There is lack of documentation of objective improvement or decrease in the large amount of opioid pain medications the patient is currently taking despite being on this medication. It may be beneficial but the documentation fails to support use of Cymbalta. Cymbalta is not medically necessary.

Terocin 4% Lidocaine 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: The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Terocin has not decreased pain and reduced medication use. It is not recommended due to no documentation of prior treatment failure or effectiveness. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of failure with a 1st line agent and there is no documentation on where the patches are to be used. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is taking it chronically. Medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. All components are not recommended, the combination medication Terocin lidocaine patch, as per MTUS guidelines, is not recommended.