

Case Number:	CM14-0208320		
Date Assigned:	12/22/2014	Date of Injury:	12/08/2013
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Pain 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:

The injured worker is a 63-year-old female with an original date of injury on December 8, 2013. The patient has had repetitive motion injuries from September 23, 2003 to May 15, 2014 while working as a food preparer. The industrially related diagnoses are lumbar spine sprain/strain, lower extremity radiculitis, lumbar spine degenerative disc disease, right knee sprain/strain, right knee lateral meniscus tear, right knee internal derangement, right knee Baker's cyst, and right foot osteoarthritis. A MRI of the cervical spine on September 25, 2014 showed disc desiccation at C2-C3 down to entire cervical disc space with associated loss of disc height at C4-C5, degenerative disc disease and broad-based herniation at C4-C5 abut the anterior aspect of the spinal cord, C5-C6 disc herniation which causes the doses of the spinal canal, with concurrent joint degenerative changes, and C6-C7 disc herniation causing stenosis of spinal canal. A MRI of the thoracic spine from the same day showed disc desiccation at C7-T1, T12-L1, hemangioma at T4, straightening of normal thoracic kyphotic curvature, multilevel disc herniation with spinal canal stenosis. A MRI of bilateral wrists on the same date showed complete tear in the triangular fibrocartilage complex bilaterally, tenosynovitis, and bone cyst at the capitale of the right wrist, and subchondral cyst in the distal radius and ulna of the left wrist. The patient's treatment to date included TENS unit, physical therapy for the lumbar spine and right knee, shockwave therapy, a neural stimulation therapy. The medical treatment are Terocin patch, Deprazine, dicopanol, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The disputed issues are the request for cyclobenzaprine, ketoprofen cream, Terocin patch, and Tabradol. A utilization review upon November 11, 2014 has non-certified these requests. The rationale of denial was not found in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is identification of a temporary analgesic benefit as a result of the cyclobenzaprine. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In addition, the patient is concurrently using Tabradol, which is also cyclobenzaprine-containing medication, it is unclear why the provider is using two different formulations of the same drug. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Ketoprofen Cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding the request for topical Ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, as recommended by guidelines. Lastly, the patient is using another topical NSAIDs medication in Terocin cream without clear reasoning of why 2 different formulations of topical NSAIDs are used. In the absence of clarity regarding those issues, the currently requested topical Ketoprofen is not medically necessary.

Terocin Patches #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, the patient was prescribed Ketoprofen concurrently, it is unclear why 2 different formulations of topical NSAIDs are used. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

Tabradol #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Tabradol is a medication consistent of muscle relaxant cyclobenzaprine. The patient has an concurrent order on cyclobenzaprine. Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Tabradol is not medically necessary.