MAXIMUS Federal Services

Case Number:	CM14-0210411		
Date Assigned:	12/23/2014	Date of Injury:	06/25/2012
Decision Date:	07/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 06/25/2012. She has reported injury to the left shoulder, neck, and back. The diagnoses have included cervical sprain/strain; thoracic sprain/strain; lumbar radiculopathy. Treatment to date has included medications, diagnostics, injection, cane, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, aquatic therapy, home exercise program, chiropractic therapy, and physical therapy. Medications have included Ibuprofen, Menthoderm Gel, compounded topical ointment, and Omeprazole. A progress report from the treating physician, dated 09/09/2014, documented an evaluation with the injured worker. The injured worker reported frequent headaches; constant neck pain which radiates to the head and bilateral upper extremities; current neck pain level is at 6-7 out of 10; constant low back pain which radiates to the bilateral lower extremities; back pain is currently rated at 8 out of 10; and the pain is relieved by medications. Objective findings included; decreased ranges of motion to the cervical spine, thoracic spine, and lumbar spine; palpation of the lumbar spine reveals tenderness of the lumbar spine; ambulates with a cane in the right hand; positive straight leg raise testing to the left and the right; and there is diminished sensation to light touch in the L5 nerve root distribution and S1 nerve root distribution of the bilateral lower extremities. The treatment plan has included the request for Terocin 120ml #1; Flurb (NAP) Cream-LA 180gms #1; and Cyclobenzaprine Hydrochloride 7.5mg, quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml #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 Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents on 09/10/14 with neck pain, lower back pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist/hand pain, bilateral knee pain, bilateral ankle pain, and abdominal pain. The patient's date of injury is 06/25/12. Patient has no documented surgical history directed at these complaints. The request is for TEROCIN 120ML #1. The RFA was not provided. Physical examination dated 09/10/14 reveals tenderness to palpation of the cervical paraspinal muscles, left paradorsal muscles of the thoracic spine, right L5 and S1 spinous processes, bilateral elbows, bilateral knees, and bilateral ankles. Impingement test of the shoulder is noted positive bilaterally, and the provider notes positive Phalen's test, and Durkan's tests in the bilateral wrists/hands. The patient is currently prescribed Motrin and Omeprazole. Diagnostic imaging included CT scan of the lumbar spine dated 07/14/14, significant findings include: "L5-S1: 3-4mm posterior disc bulge resulting in moderate right and mild left neural foraminal narrowing." Per 09/10/14 progress note, patient is advised to remain off work until 10/08/14. The MTUS guidelines p112 on topical lidocaine states, "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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the request for Terocin Lotion, the provider does not document the area of treatment nor how the lotion will be used. The patient presents with nearly whole-body pain, not with localized peripheral neuropathic pain amenable to Lidocaine. Furthermore, MTUS only supports Lidocaine in patch form, not cream form. Given these factors, the request cannot be substantiated. The request IS NOT medically necessary.

Flurb (NAP) Cream-LA 180gms #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen topical Topical analgesic Page(s): 29, 111-113.

Decision rationale: The patient presents on 09/10/14 with neck pain, lower back pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist/hand pain, bilateral knee pain, bilateral ankle pain, and abdominal pain. The patient's date of injury is 06/25/12. Patient has no documented

surgical history directed at these complaints. The request is for FLURB (NAP) CREAM-LA 180GMS #1. The RFA was not provided. Physical examination dated 09/10/14 reveals tenderness to palpation of the cervical paraspinal muscles, left paradorsal muscles of the thoracic spine, right L5 and S1 spinous processes, bilateral elbows, bilateral knees, and bilateral ankles. Impingement test of the shoulder is noted positive bilaterally, and the provider notes positive Phalen's test, and Durkan's tests in the bilateral wrists/hands. The patient is currently prescribed Motrin and Omeprazole. Diagnostic imaging included CT scan of the lumbar spine dated 07/14/14, significant findings include: "L5-S1: 3-4mm posterior disc bulge resulting in moderate right and mild left neural foraminal narrowing." Per 09/10/14 progress note, patient is advised to remain off work until 10/08/14. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis, MTUS page 29 guidelines state that Flurbiprofen topical is recommended only as an option in patient's who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." In regard to the request for a topical compounded cream containing Flurbiprofen, the provider has not specified where it is to be applied. This appears to be the initial prescription of a topical NSAID for this patient's chronic nearly whole-body pain complaints. This topical NSAID would be indicated for this patient's peripheral joint complaints. However, treater does not discuss how the topical cream is to be used, stating only: "Apply to affected area." Without an appropriate body-part to which this medication is to be applied, the medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-64.

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

Decision rationale: The patient presents on 09/10/14 with neck pain, lower back pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist/hand pain, bilateral knee pain, bilateral ankle pain, and abdominal pain. The patient's date of injury is 06/25/12. Patient has no documented surgical history directed at these complaints. The request is for CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #60. The RFA was not provided. Physical examination dated 09/10/14 reveals tenderness to palpation of the cervical paraspinal muscles, left paradorsal muscles of the thoracic spine, right L5 and S1 spinous processes, bilateral elbows, bilateral knees, and bilateral ankles. Impingement test of the shoulder is noted positive bilaterally, and the provider notes positive Phalen's test, and Durkan's tests in the bilateral wrists/hands. The patient is currently prescribed Motrin and Omeprazole. Diagnostic imaging included CT scan of the lumbar spine dated 07/14/14, significant findings include "L5-S1: 3-4mm posterior disc bulge resulting in moderate right and mild left neural foraminal narrowing." Per 09/10/14

progress note, patient is advised to remain off work until 10/08/14. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. There is no evidence in the records provided that this patient has taken Cyclobenzaprine to date. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets does not imply intent to use this medication over a 2-3 week period. Therefore, the request IS NOT medically necessary.