

Case Number:	CM15-0007586		
Date Assigned:	01/22/2015	Date of Injury:	12/15/2008
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona

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 52-year-old female who reported an injury on 12/15/2008. The mechanism of injury was due to lifting a box and feeling pain in the mid lumbar and low back. The injured worker's has diagnoses of discogenic lumbar condition with radicular component, internal derangement of the knee on the right, stenosing tenosynovitis along the A1 pulley of the thumb on the right, and chronic pain syndrome. Past medical treatment consists of Synvisc/Hyalgan injections, therapy, and medication therapy. Medications included Flexeril 7.5, Lidopro lotion, Protonix, Colace, Wellbutrin, trazodone, Effexor, and Voltaren gel. On 12/30/2014, the injured worker was seen on follow-up appointment where she complained of low back, right knee, and right thumb pain. The physical examination noted tenderness across the lumbar paraspinal muscles and pain with facet loading. The injured worker's right knee had full extension and flexion of 120 degrees with pain along the medial and lateral joint line as well as tenderness along the inner and outer patella. The treatment plan was for the injured worker to continue with medication therapy. Rationale and Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 10/17/14) Terocin Patches No. 10 #20: 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 Terocin Page(s): 111.

Decision rationale: The request for Retrospective (DOS 10/17/14) Terocin Patches No. 10 #20 is not medically necessary. California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. Terocin patches are comprised of methyl salicylate, capsaicin, menthol, and lidocaine. Guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines further state that Lidoderm patch is the only topical form of lidocaine approved. There was no evidence in the submitted documentation of the injured worker being unresponsive or intolerant to other treatments. Additionally, there was no evidence in the submitted documentation of the injured worker trialing and failing antidepressants or anticonvulsants. Furthermore, there were no pain assessment submitted for review indicating what pain levels were before, during, and after application of the patch. Given the above and the submitted documentation, the request would not be indicated. As such, the request is not medically necessary.

Retrospective (DOS 10/17/14) Pantoprazole (Protonix) 20mg #60: 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 GI Page(s): 69.

Decision rationale: The request for Retrospective (DOS 10/17/14) Pantoprazole (Protonix) 20mg #60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia secondary to NSAID therapy or for those taking NSAID medication who are at moderate to high risk for gastrointestinal events. The submitted documentation did not indicate that the injured worker had complaints of dyspepsia, nor was there any indication of the injured worker being at risk for gastrointestinal events. Additionally, there was no rationale submitted for review to warrant the request. Given the above, the request would not have been indicated. As such, the request is not medically necessary.

Retrospective (DOS 10/17/14) Cyclobenzaprine (Fexmid) 7.5mg #60: 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 Flexeril, Muscle relaxants for pain Page(s): 63.

Decision rationale: The request for Retrospective (DOS 10/17/14) Cyclobenzaprine (Fexmid) 7.5mg #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril (cyclobenzaprine) as an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. The request as submitted is for cyclobenzaprine 7.5 mg with a quantity of 60, exceeding guideline recommendations for short term therapy. Additionally, the submitted documentation did not indicate the efficacy of the medication, nor was there any evidence of the injured worker having any spasm. Given the evidence based guidelines and the submitted documentation, the request would not be indicated. As such, the request is not medically necessary.

Retrospective (DOS 10/17/14) LidoPro Ointment 121grams: 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 Analgesics Page(s): 111.

Decision rationale: The request for Retrospective (DOS 10/17/14) Lidopro Ointment 121grams is not medically necessary. The MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that Lidoderm patch is the only topical form of lidocaine approved. Given that the guidelines do not recommend lidocaine in any other form than patch, the request would not be indicated. Additionally, there were no other factors submitted for review to justify the use outside of current guidelines. As such, the request is not medically necessary.