

Case Number:	CM15-0100740		
Date Assigned:	06/03/2015	Date of Injury:	08/26/2014
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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
 Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on 8/26/14. She reported initial neck; right shoulder and low back injury resulting from a motor vehicle accident. The injured worker was diagnosed as having lumbago; reactive sleep disturbance; reactive depression/anxiety. Treatment to date has included chiropractic care x 24 sessions; acupuncture; psychological consult;. Diagnostics included X-rays to cervical and lumbar spine-no report (10/8/14); EMG/NCV lower extremities (1/7/15). Currently, the PR-2 notes dated 4/17/15 indicated the injured worker complains of neck pain, lower back pain and right shoulder pain and right foot pain. The pain is rated by the injured worker as 8/10 and characterized as sharp and throbbing and radiates to the right leg; being moderate to severe. It is aggravated by driving, prolonged sitting, standing and reaching. She indicates medications are helping. The level of sleep is decreased due to difficulty falling asleep and staying asleep making sleep quality as poor. She reports the pain level has decreased since her last visit. Her physical examination reveals the cervical spine has full flexion, extension and lateral bending and the spinous processes are tender to palpation and percussion. Paraspinal muscles are without tenderness, increased tone or appreciable trigger point. The lumbar spine notes restricted range of motion with flexion limited to 50 degrees which is limited by pain and extension limited to 10 degrees. Paravertebral muscles are normal; no spinal process tenderness; lumbar facet loading is negative on both sides. Straight leg raise is negative on both sides with no tenderness noted over the coccyx. The shoulder examination notes no bony tenderness to palpation of the clavicle or acromioclavicular joint. The shoulder has full range of motion; no impingement or rotator cuff

pathology; Neer, Hawkin's and Speed's test are negative. The biceps and triceps function are normal. The provider documents the injured worker is scheduled for a lumbar epidural steroid injection on 4/29/15 since he finds evidence of subjective and objective findings of radiculopathy consistent with diagnostic studies. He references an EMG dated 1/7/15 that notes an isolated mild left tibial motor neuropathy. Other documentation submitted suggests that x-rays of the cervical and lumbar spine were taken in October 2014 . The provider has requested Cyclobenzaprine 7.5mg #60 and Terocin patch 4-4% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.

Terocin patch 4-4% #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): 110-112. Decision based on Non-MTUS Citation drugs.com.

Decision rationale: Terocin patch contains Lidocaine 600mg and Menthol 600mg. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No

other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. The request for Terocin patch 4-4% #30 is not medically necessary and appropriate.