

Case Number:	CM15-0130419		
Date Assigned:	07/16/2015	Date of Injury:	03/07/2012
Decision Date:	08/12/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational Medicine

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 60 year old male, who sustained an industrial injury on March 7, 2012. He reported cervical, left shoulder and low back pain. He also experienced loss of consciousness. The injured worker was diagnosed as having lumbosacral strain, cervical spine sprain or strain and shoulder sprain-strain. Treatment to date has included urine drug screen, x-ray, MRI, neurology assessment, neuropsychological evaluation, medication, physical therapy, cortisone injection and an assistive device for ambulation. Currently, the injured worker complains of neck and left shoulder pain rated at 6 on 10 with medication and 7 on 10 without. He also reports sleep disturbance. The injured worker is diagnosed with lumbar facet syndrome, spondylolisthesis, shoulder pain, cervical pain and adjustment disorder with mixed emotional feature. His current work status is modified duty; however he is not currently working. The injured worker reported he didn't experience any relief from the shoulder injection in a note dated June 3, 2015. The note also states the injured workers quality of living and ability to engage in activities of daily living has improved with his medication regimen. The note also states the injured worker reports difficulty falling asleep due to muscle spasms and cramps. Due to the injured worker's documented improvement in functioning with his medication the following medications, Tizanidine HCL 2 mg #30 (for spasms) and Terocin Patch 4.4 (for pain relief) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain) Page(s): 63 and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section, Weaning of Medications Section Page(s): 63, 66, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbation of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker is being treated for chronic pain and there is no evidence of an acute flare-up of pain. There is no evidence that the injured worker has increase function with the prior use of the medication. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine HCL 2mg #30 is determined to not be medically necessary.

Terocin Patch 4.4% # not stated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4% and Lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical Lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is no evidence that the injured worker has had a trial of, and failed with the use of first-line agents such as antidepressants or anticonvulsants for neuropathic pain. The request for Terocin Patch 4.4% # not stated is determined to not be medically necessary.