

Case Number:	CM15-0139629		
Date Assigned:	08/04/2015	Date of Injury:	02/05/2009
Decision Date:	09/16/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: New York
 Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on 02-05-2009. Current diagnoses include cervicgia, lumbar sprain, spasm of muscle, myalgia and myositis, myofascial pain syndrome, fibromyalgia, sprains and strains of shoulder and upper arm, anxiety, and depression. Previous treatments included medications, psychological-psychiatric treatment, physical therapy, and home exercise program. Previous diagnostic studies included a cervical spine MRI, and urine drug screening. Initial injuries occurred to the low back, neck, and right shoulder after being involved in a motor vehicle accident. Report dated 06-23-2015 noted that the injured worker presented with complaints that included more neck, left shoulder, and back pain. It was also noted that the injured worker was having the usual neck and right shoulder pain also. Pain level was 6 out of 10 on a visual analog scale (VAS). The physician documented that the Remeron has been helping with his sleep and that the other medications have helped to perform activities of daily living and function. Physical examination was positive for walking with a cane, diffuse neck, back, shoulder, arms, and thigh pain, bilateral tenderness and spasms of the cervical paraspinals, trapezius muscles, and lumbar muscles, decreased range of motion in the cervical and lumbar spine, and shoulder, tenderness and spasm in the L3-5 paraspinal muscles, and decreased range of motion in the lumbar spine. The treatment plan included instruction on home exercise program, continue Lyrica, refill Norco, continue docuprene, continue Flexeril, continue Prilosec, continue Feniprofen, refill Lidoderm (Terocin) patches, refill Exoten-C lotion, started Theramine for chronic pain and Sentra AM and Sentra PM for chronic fatigue, last urine drug screen was 01-06-2015. The injured worker has permanent work

restrictions. The physician noted that the medications allow the injured worker to move around the house, do activities of daily living, and without the medications the injured worker cannot walk or do activities of daily living. Also noted by the physician, the injured worker is functional but given his current condition he will not be able to find gainful employment. Disputed treatments include Cyclobenzaprine 7.5mg qty 30 refills not specified, Terocin patches qty 30. Exoten C lotion qty 2, Theramine qty 90 refills, Lyrica 75mg qty 90 refills not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg qty; 30 refills not specified: 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 Muscle relaxants for pain Page(s): 63-65.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) since at least 01-06-2015 which exceeds the recommended guidelines. There is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. The injured worker continues to be seen on a monthly basis for medical appointments. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of cyclobenzaprine, and office visits have continued at the same monthly frequency. Therefore, the request for cyclobenzaprine 7.5mg qty 30, refills not specified is not medically necessary.

Terocin patches qty 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 Lidocaine, topical analgesics Page(s): 56, 111-113. Decision based on Non-MTUS Citation UpToDate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Terocin patches are composed of methyl salicylate, capsaicin, menthol, and lidocaine. According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The MTUS and ODG are silent with regard to menthol. They may be used for relief of dry, itchy skin. These agents carry warnings that they may cause serious burns. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. There was no documentation of a diagnosis of post-herpetic neuralgia or that the injured worker has tried and failed other antidepressants and anticonvulsants. The documentation submitted does not support a diagnosis of neuropathic pain, nor does the physical examination, and at least one of the drugs in the compound are not recommended. The injured worker has been prescribed this medication since at least 01-06-2015, and pain levels have remained the same with no documented functional improvement with the use. Therefore the request for Terocin patches qty 30 is not medically necessary.

Exoten C lotion qty 2: 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 Salicylate topicals, Topical analgesic Page(s): 105, 111-113. Decision based on Non-MTUS Citation UpToDate: menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Exoten-C contains methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended as an option for patients who have not responded to or are intolerant of other treatments. The MTUS and ODG are silent with regard to menthol. They may be used for relief of dry, itchy skin. These agents carry warnings that they may cause serious burns. There was a lack of documentation that the injured worker is intolerant of other treatments. The request is not supported as at least one of the ingredients is not recommended. The request for Exoten C lotion qty 2 is not medically necessary.

Theramine qty 90 refills not specified: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter ; Medical Food - Theramine.

Decision rationale: ODG - State that dietary supplements / vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Official Disability Guidelines (ODG) do not recommend Theramine for the treatment of chronic pain. Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). The entries for 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA are given and all indicate there is no role for these supplements as treatment for chronic pain. Review of medical records neither mention any rationale, nor any documentation of deficiency. Request does not specify frequency. Therefore, the request is not medically necessary.

Lyrica 75mg qty 90; refills not specified: 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 Anti-Epilepsy drugs (AEDs), Lyrica Page(s): 16, 58.

Decision rationale: According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. This patient has been taking Lyrica, in addition to narcotic analgesics, since at least 01-06-2015 with no significant improvement documented. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED). Medical necessity for the requested medication has not been established. The request for Lyrica 75mg qty 90, refills not specified is not medically necessary.