

Case Number:	CM15-0141252		
Date Assigned:	07/31/2015	Date of Injury:	08/14/2007
Decision Date:	09/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 female, who is 54 years old, with a reported date of injury of 08-14-2007. The mechanism of injury was the collapse of a broken chair. She landed on her buttocks. The injured worker's symptoms at the time of the injury included buttock and low back pain. The diagnoses include lumbar spondylosis, psychiatric co-morbidity, chronic pain syndrome, and depression. Treatments and evaluation to date have included a right L5 transforaminal epidural injection, chiropractic treatment, oral medications, and topical pain medication. According to the medical report dated 02-24-2015, the diagnostic studies to date have included an MRI of the lumbar spine on 10-29-2007 which showed a 1 to 2 mm disk bulge and mild ligamentum flavum and hypertrophic facet changes, and mild thecal sac effacement with borderline spinal canal narrowing and mild proximal bilateral neural foraminal stenosis; an MRI of the lumbar spine on 10-22-2012 which showed early degenerative spondylosis; an MRI of the cervical spine on 08-06-2010 which showed degenerative disc disease with foraminal narrowing at the C6 to C7 levels; and a urine toxicology report dated 02-10-2014 which was consistent with testing medications. The urine toxicology report dated 02/23/2015 was positive for opiates. The medical report dated 02-23-2015 indicates that the injured worker had increased low back and bilateral lower extremity symptoms. She reported increased left leg numbness and pain since the last visit along with weakness. The injured worker rated her pain 0 to 10 out of 10 depending on activity. She noted that she was having difficulty working full-duty. The physical examination showed mild distress, an antalgic gait with limp on the left side, limited lumbar range of motion with increased pain, increased muscle spasm with lateral rotation bilaterally, tenderness along the thoracolumbar paraspinal musculature, decreased strength on the left side at the iliopsoas

and tibialis anterior, diminished sensation throughout the left L5 dermatomal distribution, bilateral positive straight leg raise test, and a PHQ nine score indicated moderate depression. The treatment plan included a trial of Cyclobenzaprine twice a day as needed for muscle spasms. The injured worker was released to modified duty with no lifting, pushing, pulling greater than 20 pounds, limited bending at the waist, and alternate sitting and standing. The medical report dated 04-07-2015 indicates that the treating physician felt that the injured worker was limited to light work. The treating physician requested Cyclobenzaprine 7.5mg (unspecified quantity), Terocin patch (unspecified quantity), and six cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification that this medication is being prescribed for short-term treatment of an acute exacerbation, as recommended by guidelines. Additionally, the current open-ended request is not supported by guidelines for any medication, and there is no provision to modify the current request. As such, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.

Terocin patch (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment

osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

6 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for 6 cognitive behavioral therapy sessions, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are psychological complaints including depression as well as evidence of depression present by PHQ measurement. However, guidelines only allow for a 3-4 visit trial of psychotherapy with additional sessions being supported based upon objective improvement from the trial. Unfortunately, there is no provision to modify the current request for 6 sessions to allow for a trial. As such, the currently requested 6 cognitive behavioral therapy sessions is not medically necessary.