

Case Number:	CM15-0218645		
Date Assigned:	11/10/2015	Date of Injury:	12/14/2006
Decision Date:	12/23/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/06/2015

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: Pennsylvania
 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:

This 57 year old woman sustained an industrial injury on 12-14-2006. Diagnoses include bilateral lumbar radiculopathy, failed back surgery syndrome, L3-L4 and L4-L5 fusion surgery, lumbar disc protrusion, and lumbar stenosis. Treatment has included oral medications and spinal cord stimulator. Physician notes dated 10-21-2015 show complaints of low back pain with radiation to the left buttock and thighs. The physical examination shows tenderness with palpation of the lumbar paraspinal muscles and "restricted" range of motion of the bilateral lower extremities and lumbar spine. Pelvic rock and sustained hip flexion are positive. Reflexes of the bilateral lower extremities are 1 out of 4, sensation is diminished to the posterior thighs and legs. Heel-toe walk showed a decrease in balance. Recommendations include Morphine sulfate IR, Cyclobenzaprine, Terocin lotion, and follow up in four weeks. Utilization Review denied requests for Cyclobenzaprine and Terocin lotion on 11-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30, at bedtime as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Antispasmodics such as cyclobenzaprine are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Cyclobenzaprine is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The record indicates this worker has been prescribed muscle relaxants for at least several months. The record does not document an acute exacerbation for which cyclobenzaprine may be appropriate. The request is not medically necessary.

Terocin lotion twice a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin is a topical analgesic combined with Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Methyl salicylate is discussed under topical salicylates in the MTUS and is recommended. Ben-gay is specifically referred to and recommended under topical salicylates and contains menthol as well. Topical lidocaine is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." The MTUS also states "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, the topical lidocaine is being prescribed for radiculopathy which is neuropathic pain of central origin (at the nerve root) and not peripheral. Therefore, topical lidocaine cannot be considered medically necessary in this case even though the pain may be considered neuropathic. There is no indication from the record that this worker has peripheral neuropathic pain. Furthermore, the only formulation of lidocaine that is indicated for neuropathic pain is the patch. Creams, lotions or gels are not indicated for neuropathic pain and are only indicated as local anesthetics and anti-pruritics. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since the lidocaine is not recommended, this compounded product is not recommended. The request is not medically necessary.