

Case Number:	CM15-0050940		
Date Assigned:	03/24/2015	Date of Injury:	05/27/2009
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 61 year old male, who sustained an industrial injury on May 27, 2009. He has reported lower back pain, bilateral leg pain, upper back pain and headache. Diagnoses have included lumbago, thoracic or lumbosacral neuritis/radiculitis, thoracic sprain, and insomnia. Treatment to date has included medications, physical therapy, aqua therapy and massage therapy. A progress note dated February 5, 2015 indicates a chief complaint of lower back pain radiating to the leg, upper back, neck and head. The treating physician documented a plan of care that included continuing medications. The medications listed are Lidoderm, Restoril, Temazepam, Brintellix, Latuda, Dexilant, Tylenol with Codeine, Tizanidine, Terocin patch and Capsaicin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tizanidine 4 mg #180 with a date of service of 2/5/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMuscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants and antispasmodics be limited to short term periods for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Tizanidine longer than the guidelines recommended maximum periods of less than 6 weeks. The criteria for the use of Tizanidine 4mg #180 DOS 2/5/2015 was not met. Therefore, the request is not medically necessary.

Retrospective Terocin patch #30 with a date of service of 2/5/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterTopical compound products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended topical medication for use as second line treatment of localized neuropathic pain is Lidoderm, The records did not show subjective or objective findings consistent with a diagnosis of neuropathic pain. The Terocin patch contains menthol 10% / Lidocaine 2.5% / Capsaicin 0.025% / methyl salicylate 25%. The guidelines recommend that topical products be tried and evaluated individually for efficacy. There is lack of guidelines or FDA support for the use of menthol, or methyl salicylate in the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch #30 DOS 2/5/2015 was not met. Therefore, the request is not medically necessary.

Retrospective Capsaicin 0.025% topical lotion #3, 5 refills with a date of service of 2/5/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterTopical analgesic products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended topical

medication for use as second line treatment of localized neuropathic pain is Lidoderm, The records did not show subjective or objective findings consistent with a diagnosis of neuropathic pain such as CRPS. The diagnoses listed are spine and joints pain. The records did not show that the patient had failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. There is lack of guidelines or FDA support for the chronic use of capsaicin in the treatment of lumbar radiculopathy and joints pain. The criteria for the use of Capsaicin 0.025% lotion #3 Refills X 5 for DOS 2/5/2015 was not met. Therefore, the request is not medically necessary.