

Case Number:	CM15-0088415		
Date Assigned:	05/12/2015	Date of Injury:	09/25/2009
Decision Date:	06/18/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania
 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:

This 43 year old female sustained an industrial injury to the back and left ankle on 9/25/09. Diagnoses include traumatic arthritis, neuropathy, edema, reflex sympathetic dystrophy/complex regional pain syndrome, chronic left ankle sprain, tarsal tunnel syndrome, instability of left foot and ankle, lumbar disc injury, and gait changes with leg pain due to compensatory gait changes. Recent treatment included a cam walker, Unna boots, H-wave, nerve block injection, cane, orthotics, brace, and medications. In January 2015, the treating podiatrist noted that the injured worker had low back pain radiating down the leg to her foot. A cane was used for stability and balance. The injured worker had continued symptoms of neuropathy, tarsal tunnel syndrome, and lateral ligament instability. Examination showed pain and tenderness over the lateral ligament complex with compression and palpation and pain into the sinus tarsi of the subtalar joint, pain with attempted inversion and eversion of the subtalar joint, pain along the tarsal tunnel, and hypesthesia/dysesthesia over the dorsal foot and ankle. Medications included Terocin patch. Work status was noted as unable to return to work. In a PR-2 dated 3/2/15, the injured worker complained of burning pain and stiffness to the left ankle rated 5/10 with radiating pain from the hip into the extremities. The injured worker received a nerve block injection during the office visit. Terocin patches and Cyclobenzaprine tablets were dispensed. In a PR-2 dated 3/27/15, the injured worker's complaints and physical exam were unchanged. The injured worker was treated with H-wave. The injured worker's foot and ankle were wrapped in Unna boot and ace wrap to reduce swelling and pain. Terocin patches were dispensed during the office visit. On 4/29/15,

Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #30 Dispensed on 3/2/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

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: insomnia treatment.

Decision rationale: Lunesta (eszopiclone) is a nonbenzodiazepine hypnotic agent indicated for the treatment of insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder, and insomnia was not discussed. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Due to lack of specific indication, and lack of evaluation for sleep disorder, the request for eszopiclone is not medically necessary.

Cyclobenzaprine 7.5mg #60 dispensed on 3/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: This injured worker has chronic foot and ankle pain. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for

chronic use. Due to quantity requested which is consistent with treatment duration in excess of the guideline recommendations, the request for cyclobenzaprine is not medically necessary.

Tramadol ER 150mg #30 dispensed on 3/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic foot and ankle pain. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. In this case, there was no discussion of treatment goals, psychological assessment, functional assessment, or discussion of the risks and benefits of opioids. Risk assessment for abuse or adverse outcomes was not documented. No pain agreement or urine drug screen was documented. As currently prescribed, tramadol does not meet the criteria for use of opioids as elaborated in the MTUS and is therefore not medically necessary.

Teroc compound cream dispensed on 4/16/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines salicylate topicals topical analgesics Page(s): 104, 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: The request is for teroc cream, which is consistent with terocin cream. The documentation submitted notes that the medication dispensed was terocin patches, which has different ingredients than terocin cream. Both will be addressed. Per the MTUS, 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. Per the manufacturer,

Terocin lotion contains Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, and Lidocaine 2.5%. Terocin patch contains lidocaine and menthol. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. Both terocin patches and terocin cream contain ingredients that are not recommended by the guidelines, and are therefore not recommended. In addition, there was no documentation of trial and failure of antidepressant or anticonvulsant medication. As such, the request for terocin (cream or patch) is not medically necessary.