

Case Number:	CM15-0089993		
Date Assigned:	05/14/2015	Date of Injury:	03/16/2012
Decision Date:	07/20/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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, North Carolina
 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 03/16/2012. The mechanism of injury was not made known. Treatment to date has included physical therapy and medications. According to a progress report dated 04/01/2015, the injured worker complained of constant low back pain radiating to the bilateral lower extremities with numbness and tingling. Pain was rated 9 on a scale of 1-10. He denied side effects or gastrointestinal symptoms with the use of oral and topical medications. Pain level without medications was 9 and decreased to 6 with the use of medications. Topical creams and patches helped decrease pain and use of oral medications and allowed him to sleep longer. Objective findings included lumbar range of motion 15 degrees with flexion, 5 degrees with extension, 5 degrees with right lateral flexion and 5 degrees with left lateral flexion. There was tenderness along the lumbar spine. Straight leg raise was positive on the left and negative on the right. The injured worker ambulated with an antalgic gait and used a cane. Diagnoses included lumbar status post-surgery on 02/13/2014 and lumbar facet syndrome. The treatment plan included Norco, Cyclobenzaprine Hydrochloride, Terocin pain patch and Calypso 2% cream. Currently under review is the request for retro: Terocin patch #20, retro: Calypso 2% cream, retro: Cyclobenzaprine Hydrochloride 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Terocin patch #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains lidocaine. MTUS specifically states that other than a dermal patch (Lidoderm), other formulations of lidocaine are not recommended. Therefore, this request is not medically necessary or appropriate.

Retro: Calypxo 2 percent cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The request is for a compounded agent, Calypxo, which contains methyl salicylate and menthol. MTUS Guidelines state that any compounded product that contains a drug (or drug class) that is not recommended is not recommended. Methyl salicylate and menthol are not recommended, therefore the request is deemed not medically necessary.

Retro: Cyclobenzaprine Hydrochloride 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

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

Decision rationale: CA MTUS states that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for chronic use. In this case, the Flexeril has been prescribed for chronic use. MTUS does not recommend long-term use of muscle relaxants and further recommends using the medication for 3-4 days of acute muscle spasm and no more than 2-3 weeks total. Therefore, this request is deemed not medically necessary or appropriate.