

Case Number:	CM14-0128308		
Date Assigned:	08/18/2014	Date of Injury:	09/06/2013
Decision Date:	10/21/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 33-year-old female who has submitted a claim for Thoracic/Lumbosacral neuritis/radiculitis, unspecified; depressive disorder not elsewhere classified; Displacement cervical intervertebral disc without myelopathy; Displacement lumbar intervertebral disc without myelopathy; Cervicalgia; Lumbago; Sciatica; and, neck sprain and strain, associated with an industrial injury date of 09/06/13. Medical records from February to August 2014 were reviewed. Patient apparently sustained an injury while working when she was rear-ended by another vehicle at a stop light. She reported this to her supervisor, and then drove home the same day. She then felt some tightness over her shoulder and neck area, which worsened to include her mid and lower back with radiation to her left lower extremity. Patient then had conservative management, 24 sessions of chiropractic therapy and work restriction which provided moderate to excellent relief. 08/07/14 progress report notes patient had low back pain graded 5/10 in severity characterized as aching, cramping, dull and throbbing with associated numbness and tingling. This was relieved by intake of medications and heat, which she tolerated well, with no evidence of medication dependency. Patient reports that her pain symptoms are adequately managed, with good quality of sleep, but with pain levels that remain unchanged at 2-3/10 since her last visit. Patient reports doing yoga twice a week and 20 minutes walk twice per week. On directed physical examination, patient had a normal gait, with lumbar spine restriction in ROM due to pain, paravertebral tenderness, a trigger point noted at the left side, and lumbar facet loading was positive on both sides. Sensory examination showed decreased pin prick response over the S1 dermatome on the left, motor examination was unremarkable. Plan was to continue medications, ice/heat, exercises and awaiting approval for acupuncture, TENS unit, lumbar brace and massage, with follow-up after 2 weeks. Treatment to date has included home-exercises, heat, chiropractic therapy, work restrictions and medications (Tramadol ER, Flexeril, Naprosyn,

Terocin patch and Medrox cream since at least 02/27/14). Utilization review date of 08/07/14 denied the requests for Flexeril because it was recommended only for short-term use, for Medrox cream because patient already had a documented response to oral medications, and for Terocin patch because no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain other than Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: As stated on pages 64 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants that is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It is recommended for a short course of therapy of not more than 2-3 weeks. Limited, mixed-evidence does not allow for a recommendation for its chronic use and the greatest effect appears to be in the first 4 days of treatment. In this case, patient has been on Flexeril since at least 02/27/14. There was report that current medications are helpful and provides functional gains in pain management and restorative sleep, although pain level remain to be the same as previous visits. However, its present use in this case exceeds the recommended short course of treatment. Also, the dose, total number to be dispensed and number of refills were not indicated in the submitted request. Therefore, the request for Flexeril is not medically necessary.

Medrox cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Medrox cream is a compounded medication that includes: 20% menthol, 5% methyl salicylate, 0.0375% capsaicin. According to page 111 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control but there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is also not recommended. CA MTUS does not specifically address menthol. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that in a new alert from the FDA, topical pain relievers that contain menthol may in rare instances cause serious burns. According to page 127 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical salicylate is recommended. However, according to page 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase would provide any further efficacy. In this case, the patient has been using Medrox cream since at least 02/27/14. Medrox cream contains capsaicin in a 0.0375% formulation which is not recommended by the guidelines. Any compounded product that contains at least one drug that is not recommended is also not recommended. Moreover, there was no objective evidence of overall pain relief and functional gains from its use as evidenced by the persistent 2-3/10 pain even with the use of medications. Also, the total number to be dispensed and number of refills were not indicated in the submitted request. The medical necessity has not been established and there is no clear indication for its continued use. Therefore, the request for Medrox cream is not medically necessary.

Terocin patches to be used every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Terocin patch contains both lidocaine 4% and menthol 4%. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient was prescribed Terocin patch since at least 02/27/14. There was no record of patient being started on a trial of first-line therapy. There was likewise no noted effective pain relief and functional improvement derived from its use. Also, there was no mention of the total number of patches and refills, as well as no mention of the area to which it would be applied. The medical necessity cannot be established due to insufficient information. Therefore, the request for Terocin patches is not medically necessary.