MAXIMUS Federal Services

Case Number:	CM14-0143135		
Date Assigned:	09/24/2014	Date of Injury:	08/15/1989
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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 & 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:

This 61 year old patient had a date of injury on 8/15/1989. The mechanism of injury was not noted. In a progress noted dated 8/14/2014, the patient complains of low back pain with lower extremity paresthesias. There is a flareup of symptoms, and the quality of pain is described as sharp, and duration is frequent. There is radiation of pain to right lower extremity, aggravated by standing, walking, and bending. Pharmaceuticals are not providing sufficient relief, and patient wishes to have better pain control. On a physical exam dated 8/14/2014, the patient is taking Wellbutrin, Vicodin, and cyclobenzaprine. The patient is experiencing pain level fluctuations, and condition is not proceeding as expected. The diagnostic impression shows lumbar radiculopathy, HNP with myelopathyTreatment to date: medication therapy and behavioral modification. A UR decision dated 8/22/2014 denied the request for flexeril 10mg #60x1, and flexeril 7.5mg #90x1, and flexeril 7.5mg #60 stating that this patient is being treated chronically, and guidelines state that muscle relaxants are recommended only for short term use for more than 2-3 weeks. Vicodin 5/300 #60x1 was denied, stating chart notes do not show successful treatment with hydrocodone, and there is not clear quantified benefit and possible side effects noted. Somnicin #30x1was denied as guidelines do not make any allowance or recommendation for proprietary sleep/melatonin agents. Terocin patch #30 x1 was denied, stating that since this product contains menthol, the entire compound is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 x 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: This 61 year old patient had a date of injury on 8/15/1989. The mechanism of injury was not noted. In a progress noted dated 8/14/2014, the patient complains of low back pain with lower extremity paresthesias. There is a flareup of symptoms, and the quality of pain is described as sharp, and duration is frequent. There is radiation of pain to right lower extremity, aggravated by standing, walking, and bending. Pharmaceuticals are not providing sufficient relief, and patient wishes to have better pain control. On a physical exam dated 8/14/2014, the patient is taking Wellbutrin, Vicodin, and cyclobenzaprine. The patient is experiencing pain level fluctuations, and condition is not proceeding as expected. The diagnostic impression shows lumbar radiculopathy, HNP with myelopathyTreatment to date: medication therapy and behavioral modification. A UR decision dated 8/22/2014 denied the request for flexeril 10mg #60x1, and flexeril 7.5mg #90x1, and flexeril 7.5mg #60 stating that this patient is being treated chronically, and guidelines state that muscle relaxants are recommended only for short term use for more than 2-3 weeks. Vicodin 5/300 #60x1 was denied, stating chart notes do not show successful treatment with hydrocodone, and there is not clear quantified benefit and possible side effects noted. Somnicin #30x1was denied as guidelines do not make any allowance or recommendation for proprietary sleep/melatonin agents. Terocin patch #30 x1 was denied, stating that since this product contains menthol, the entire compound is not recommended.

Cyclobenzaprine (Flexeril 7.5 mg) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the 8/14/2014 progress report, the patient is noted have an acute exacerbation of pain. However, in the documentation provided, this patient has been on flexeril since at least 8/26/2013, and guidelines do not support long term use. Furthermore, there was no clear rationale regarding the medical necessity of 2 additional prescriptions for flexeril in this request. Therefore, the request for flexeril 7.5mg #60 was not medically necessary.

Somnicin #30 x 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines Insomnia for Chronic Pain Updated 03/21/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://beforeitsnews.com/health/2013/01/sominicin-a-new-drug-for-insomnia-and-depression-to-be-released-reporters-revealed-2465790.html

Decision rationale: CA MTUS and ODG does not address this issue. A search of online resources found that Somnicin is a combination of certain ingredients naturally found in the body, such as melatonin, 5HTP, L-tryptopan, Vitamin B6 and magnesium, used to combat anxiety and difficulty sleeping. However, in the documentation provided, there was no there was no clear rationale provided regarding the medical necessity of this medication. Furthermore, there was no evidence of a failure of other 1st line OTC sleeping products such as diphenhydramine. Therefore, the request for Somnicin #30x1 was not medically necessary.

Terocin Patch #30 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states 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). However, in the documentation provided, there was no discussion of failure of a 1st line oral analgesic for neuropathic pain such as Lyrica or Gabapentin. Furthermore, the site of application was not mentioned in the 8/14/2014 progress report. Therefore, the request for Terocin Patch #30 was not medically necessary.

Flexeril 10mg #60 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better.

Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the 8/14/2014 progress report, the patient is noted have an acute exacerbation of pain. However, in the documentation provided, this patient has been on flexeril since at least 8/26/2013, and guidelines do not support long term use. Furthermore, there was no clear rationale regarding the medical necessity of 2 additional prescriptions for flexeril in this request. Therefore, the request for Flexeril 10mg #60 x1 was not medically necessary.

Flexeril 7.5mg #90 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the 8/14/2014 progress report, the patient is noted have an acute exacerbation of pain. However, in the documentation provided, this patient has been on flexeril since at least 8/26/2013, and guidelines do not support long term use. Furthermore, there was no clear rationale regarding the medical necessity of 2 additional prescriptions for flexeril in this request. Therefore, the request for Flexeril 7.5mg #90 x1 was not medically necessary.