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| Case Number: | CM14-0046679 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 03/21/2012 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 04/05/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 Illinois. 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:

The injured worker is a 35-year-old female who reported an injury after she fell onto a pile of Cambros on 03/21/2012. The clinical note dated 08/17/2012 indicated diagnoses of chronic mechanical back pain, lumbar sprain/strain and lumbar radicular syndrome. The injured worker reported neck pain that was frequent and aching and slight, and shoulder pain that was frequent, sharp and aching and slight as well as upper back pain, mid back pain and low back pain that was sharp, aching and constant and described as slight. The injured worker reported hip and thigh pain on the right side that was constant, sharp and aching and described as severe. The injured worker reported that heat and rest made the symptoms better, and cold and standing aggravated the symptoms. The injured worker also reported ankle pain that was sharp, aching, burning and pulsating that was moderate bilaterally and that was better with rest and worse with standing and walking. The injured worker reported that activities that aggravated the symptoms were flexing and bending, pulling, turning, coughing, climbing, sneezing, carrying and sitting. The injured worker reported weakness in both hands, swelling in the back of both legs and pain at night in the back. The injured worker reported a loss of balance and difficulty walking with limping on the right lower extremity. The injured worker reported anxiety, sadness and frustration with her condition and sleeping problems with bowel or bladder dysfunction. On physical examination of the thoracolumbar spine, the injured worker ambulated with a right antalgic gait and demonstrated toe and heel walk bilaterally. There was tenderness to deep palpation over the lower lumbar area, maximal around L5. The thoracolumbar spine range of motion was decreased. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Tylenol No. 3, Flexeril, Zantac and Motrin. The provider submitted a request for retrospective Therabenzaprine with a date of service of 08/17/2012. The

Request for Authorization was not submitted for review, to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Therabenzaprine (duration unknown and frequency unknown) dispensed on 8/17/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Retrospective review for Therabenzaprine (duration unknown and frequency unknown) dispensed on 8/17/2012 is non-certified. Therabenzaprine contains (cyclobenzaprine and theramine). The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed other antidepressants or anticonvulsant medications. In addition, cyclobenzaprine as a topical muscle relaxant is not recommended as there is no evidence for the use of any muscle relaxant as a topical product, and the addition of cyclobenzaprine to other agents is not recommended. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In addition, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a dosage, frequency or quantity for this medication. Furthermore, it was not indicated as to how long the injured worker had been utilizing this medication. Therefore, the request is non-certified.