

Case Number:	CM14-0165437		
Date Assigned:	10/10/2014	Date of Injury:	05/26/2010
Decision Date:	05/29/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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

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:

The injured worker is a 45-year-old female, who sustained an industrial injury on May 26, 2010. She reported pain in the neck, shoulders, hands, wrists, fingers, knees and back. The injured worker was diagnosed as having cervical discogenic disease, thoracic sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, bilateral elbow sprain/strain, right wrist carpal tunnel, lumbosacral discogenic disease and bilateral knee sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of constant neck pain radiating to the shoulders, arms, elbows, hands and fingers, upper extremity weakness and headaches. She also reported pain in the back radiating to the lower extremities and feet, bilateral knee pain, depression, sleep disruptions and sexual dysfunction. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She reported no significant decrease in pain with physical therapy. Surgical intervention and injections were discussed. Evaluation on February 25, 2015, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 10mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain chapter Page(s): 41. Decision based on Non-MTUS Citation Up to date Topic 9306 and Version 145.0.

Decision rationale: Flexeril is a skeletal muscle relaxant and the MTUS notes it to be better than placebo for treatment of back pain but it states that the effect is modest at the price of a greater side effect profile. It was most efficacious in the first four days of treatment and this suggests that a short course of therapy may be most efficacious. It is also noted to be useful for the treatment of fibromyalgia. Up to Date states that the side effect profile includes drowsiness, dizziness, xerostomia, headache, constipation, nausea, diarrhea, weakness, fatigue, and confusion. In our case, this medicine is being used for chronic treatment of chronic pain and the risk of side effects is greater than the possible beneficial effects. Therefore, the patient should not be prescribed this medicine for her chronic pain and the UR was correct in denying authorization of this medicine. This request is not medically necessary.

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; and Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines med section Page(s): 56,57,112,113.

Decision rationale: Topical analgesic medicines are largely experimental and there are few randomized controlled studies to determine their efficacy or safety. They are primarily used for neuropathic pain when first line anticonvulsants and antidepressants have not been efficacious. They are applied locally to the painful area and lack systemic toxicity, do not present with drug interactions, and do not need to have their dose titrated. Many different medicines are utilized, including such medicines as NSAID preparations, lidocaine, and capsaicin. Many of these preparations have not been proven beneficial in alleviating symptoms when applied topically. Also, these medicines are compounded together in preparations to be applied topically. The provider must be aware of the functioning of all the components and if one of the medicines is not recommended the entire compound cannot be recommended. Topical lidocaine is also used for neuropathic pain but the MTUS states that further research is needed to recommend this for chronic pain other than for treatment of herpes neuralgia. Only one study has been done analyzing its use in chronic muscle pain and the results showed it no more superior to placebo. Lidocaine is also noted to be used for localized peripheral pain but only after first line meds such as tri-cyclics, SNRI's such as cymbalta or meds such as neurontin or lyrica have been attempted. The MTUS also noted that there could be risk of systemic absorption and side effects and that this would be dependent upon such things as application of a large amount over a large area, application left on for a long time period, or the use of occlusive dressings. In conclusion, topical lidocaine's efficacy in chronic pain treatment is not convincing. Terocin is a topical compound

containing lidocaine, methyl salicylate, capsaicin, and menthol. As noted above lidocaine topically is not recommended as an effective treatment for pain and can have systemic effects. Therefore, the other components of this compound can be used individually and the authorization for terocin is not medically necessary.