

Case Number:	CM14-0197015		
Date Assigned:	12/05/2014	Date of Injury:	06/11/2002
Decision Date:	01/21/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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:

The injured worker is a 70 year-old female, who sustained an injury on June 11, 2002. The mechanism of injury is not noted. Treatments have included medications. The current diagnoses are: knee internal derangement, thoracic/lumbar strain, cervical strain, rib fracture, carpal tunnel syndrome, depression, chronic pain syndrome. The stated purpose of the request for Retrospective request for Terocin Patches #20 (DOS: 10/15/14): was not noted. The request for Retrospective request for Terocin Patches #20 (DOS: 10/15/14): was denied on November 10, 2014, citing a lack of guideline-support for its use. The stated purpose of the request for Retrospective request for Venlafaxine ER (Effexor) 75mg #60 (DOS: 10/15/14): was not noted. The request for Retrospective request for Venlafaxine ER (Effexor) 75mg #60 (DOS: 10/15/14): was denied on November 10, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Retrospective request for Cyclobenzaprine (Fexmid) 7.5mg tab #60 (DOS: 10/15/14): was not noted. The request for Retrospective request for Cyclobenzaprine (Fexmid) 7.5mg tab #60 (DOS: 10/15/14): was denied on November 10, 2014, citing a lack of guideline support for long-term use. Per the report dated October 15, 2014, the treating physician noted complaints of pain to the neck, back, left shoulder, left knee, left wrist, as well as depression and anxiety. Exam findings included left tenderness with restricted flexion range of motion and crepitus, cervical tenderness and facet loading.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Patches #20 (DOS: 10/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, pages 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the neck, back, left shoulder, left knee, left wrist, as well as depression and anxiety. The treating physician has documented left tenderness with restricted flexion range of motion and crepitus. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective request for Terocin Patches #20 (DOS: 10/15/14): is not medically necessary.

Retrospective request for Venlafaxine ER (Effexor) 75mg #60 (DOS: 10/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, pages 13-16, note that Effexor is "FDA-approved for anxiety, depression, panic disorder and social phobias, with off label-use for fibromyalgia, neuropathic pain, and diabetic neuropathy." The injured worker has pain to the neck, back, left shoulder, left knee, left wrist, as well as depression and anxiety. The treating physician has documented left tenderness with restricted flexion range of motion and crepitus. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, duration of treatment, derived functional improvement, nor failed trials of recommended anti-depressant medication. The criteria noted above not having been met, Retrospective request for Venlafaxine ER (Effexor) 75mg #60 (DOS: 10/15/14): is not medically necessary.

Retrospective request for Cyclobenzaprine (Fexmid) 7.5mg tab #60 (DOS: 10/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the neck, back, left shoulder, left knee, left wrist, as well as depression and anxiety. The treating physician has documented left tenderness with restricted flexion range of motion and crepitus. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retrospective request for Cyclobenzaprine (Fexmid) 7.5mg tab #60 (DOS: 10/15/14): is not medically necessary.