

Case Number:	CM14-0022047		
Date Assigned:	05/09/2014	Date of Injury:	01/20/1975
Decision Date:	03/26/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/21/2014

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: Pennsylvania
 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 40 year-old male who has reported multifocal pain after injury on 11/24/11. The injured worker reported symptoms in the back, shoulders and upper extremities. The diagnoses include cervical discopathy with radiculitis, lumbar discopathy with radiculitis; status post left shoulder arthroscopy with decompression, right elbow cubital tunnel syndrome, and carpal tunnel syndrome. Treatments to date include medications, physical therapy, intramuscular injections, surgery in 2012, and activity restriction. Reports from the treating physician range from 1/10/12 to 6/10/14. Included are generic medication requests that do not contain any patient-specific information. The symptoms include headaches, tension between the shoulder blades, and migraines; pain in the shoulder and pain in the low back. Injections were given with Toradol, Marcaine, and B12. In 2012 Orudis, Norco, Prilosec, Zofran, Flexeril, and Medrox were dispensed. On 7/23/13 and 9/3/13 the treating physician noted neck, shoulder, and back pain. There was no discussion of any medications. Examination showed tenderness at the cervical paravertebral muscles, positive axial loading compression test and Spurling's maneuver, tenderness at the left shoulder anteriorly with pain with terminal motion and residual weakness, tenderness at the lumbar paravertebral muscles, seated nerve root test positive and dysesthesia at the L5 and S1 dermatomes. Toradol, Marcaine, and B12 were injected. On 1/6/14 the treating physician listed medications for authorization, with no patient-specific information. On 1/24/14 Utilization Review non-certified the request for Naproxen sodium 550mg #100, Cyclobenzaprine 7.5mg #120, Tramadol Hydrochloride 150mg #90, Terocin Patch #10 and Sumatriptan Succinate 25mg #18. The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back P.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Function is not addressed with respect to medications. No reports address this medication. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing large quantities of NSAIDs chronically, which is counter to the recommendations of the MTUS for treatment of back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. These requirements are not met in this case. Naproxen is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

CYCLOBENZAPRINE 7.5 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over years. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Recent reports do not even mention this medication. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not

recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.

SUMATRIPTAN SUCCINATE 25 MG #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Head chapter, triptans

Decision rationale: The treating physician has provided only the most minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. None of the reports mention this medication. There is no evidence of any benefit, functional or symptomatic. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. This medication is therefore not medically necessary.

TRAMADOL HYDROCHLORIDE 150 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Me.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of the reports even mention this medication. Function is not addressed with respect to medications. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

TEROCIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Topical lidocaine in the form of the Lidoderm patch is indicated for neuropathic pain (not present in this case). The MTUS does not recommend Terocin, and does not recommend topical anesthetics other than Lidoderm for neuropathic pain (a condition not present in this case). Topical lidocaine, as Lidoderm, was previously authorized, with no subsequent reports of its effects or benefit. No benefit is apparent per the available reports. Note the FDA warning cited above. Topical lidocaine like that in Terocin is not indicated per the FDA, and places patients at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin alone in the standard formulation readily available over the counter (OTC) may be indicated for some patients. It is recommended only as an option in patients who have not responded to, or are intolerant of other treatments. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula prescribed is not clear. Terocin is not medically necessary based on lack of specific medical indications, lack of recommendation of several components in the compound by the MTUS, lack of medical evidence, and FDA directives.