

Case Number:	CM14-0210152		
Date Assigned:	12/23/2014	Date of Injury:	10/20/2010
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 52-year old male with date of injury 10/20/10. The treating physician report dated 11/6/14 (402) indicates that the patient presents with constant neck pain severity of 7/10 and pain radiating to the right upper extremity with symptoms of numbness and tingling. Additionally, the constant low back pain is worse with severity of 8/10 that radiates to the bilateral lower extremities with numbness and tingling. He complains of intense left leg and lateral thigh pain. Constant left knee pain is also reported with a severity of 8/10. The physical examination findings revealed cervical/lumbar spine and left knee range of motion is limited due to pain. Straight leg raise is positive bilaterally. There was tenderness noted along the lumbar spine and sacroiliac joint. There was tenderness to palpation noted along the popliteal fossa. There was decreased sensation to light touch and pinprick along L5 and S1 sensory dermatome bilaterally. Prior treatment history includes left knee surgery, Supartz Visco supplementation injections to left knee x5, medications and home exercise. The current diagnoses are: - Cervicalgia-Lumbar Radiculitis-Status Post Arthroscopy, left knee
The utilization review report dated 11/24/14 (2) denied the request for Menthoderm Gel 120gm, Cyclobenzaprine Hydrochloride 7.5mg, Terocin Pain Patch, and IM injection mixed Toradol 60 mg/vitamin B12 gluteus muscle based on MTUS.RFA 10-9-14PR-2 10/8/14 pg. 476, 403PR-2 09/10/14 pg. 465,369 PR-2 9/23/14 pg 408465 & 487 & 517PR-2 12/8/14 pg. 551PR-2 5/21/14 pg. 359.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel 120GM QTY: 1: Upheld

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

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

Decision rationale: The patient presents with constant neck pain and pain radiating to the right upper extremity with symptoms of numbness and tingling. Additionally, the constant low back pain is worse and it radiates to the bilateral lower extremities with numbness and tingling. The patient also complains of intense left leg and lateral thigh pain. Finally, constant left knee pain is also reported. The current request is for Mentherm Gel 120GM QTY: 1. Mentherm is a topical cream containing methyl salicylate and menthol. The treating physician report date 10/8/14 (403) states, "the following was dispensed to the patient in the office today: Mentherm Gel 120gm, which is a topical analgesic medication to be applied as directed for the treatment of temporary relieve of minor aches and pains." MTUS Guidelines do not recommend topical analgesic creams for the relief of minor aches and pains. In this case, the treating physician has not indicated that the patient is intolerant of oral NSAIDS nor has it been indicated that the medication is for peripheral joint arthritis and tendinitis. Therefore, recommendation is for denial.

Cyclobenzaprine Hydrochloride 7.5MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 & 64.

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

Decision rationale: The patient presents with constant neck pain and pain radiating to the right upper extremity with symptoms of numbness and tingling. Additionally, the constant low back pain is worse and it radiates to the bilateral lower extremities with numbness and tingling. The patient also complains of intense left leg and lateral thigh pain. Finally, constant left knee pain is also reported. The current request is for Cyclobenzaprine Hydrochloride 7.5MG QTY: 60. The treating physician's report dated 10/8/14 (403) states, "the following was dispensed to the patient in the office today: Cyclobenzaprine Hydrochloride, to be applied as directed for the treatment of minor aches and muscle pains." MTUS Guidelines state Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks. In this case, the treating physician has not documented the duration of the patient's use of this medication and it

appears the patient is using the medication for chronic use since at least 9/10/14 (369). Recommendation is for denial.

Terocin Pain Patch QTY: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and NSAIDs Page(s): 28-29, 112-113.

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

Decision rationale: The patient presents with constant neck pain and pain radiating to the right upper extremity with symptoms of numbness and tingling. Additionally, the constant low back pain is worse and it radiates to the bilateral lower extremities with numbness and tingling. The patient also complains of intense left leg and lateral thigh pain. Finally, constant left knee pain is also reported. The current request is for Terocin Pain Patch QTY: 20. The treating physician report dated 10/8/14 (403) states, "the following was dispensed to the patient in the office today: Terocin Pain Patch #20, which is a topical analgesic medication to be applied as directed for the treatment of minor aches and muscle pains." Terocin is a compounded medication, which includes Lidocaine, Capsaicin, Salicylates and Menthol. MTUS guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS guidelines do not support the usage of salicylate topical, an NSAID for the treatment of lower back pain. Salicylate topical is supported for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Capsaicin is recommended as an option when patients have not responded or are intolerant to other treatments. The MTUS guidelines p112 on topical lidocaine states, "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)." This patient does not present with localized peripheral pain that is neuropathic and a review of the reports provided shows no discussion of prior first line therapy prior to the request of this topical product. Recommendation is for denial.

IM Injection Mixed Toradol 60 MG/Vitamin B12 Gluteus Muscle QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

Decision rationale: The patient presents with constant neck pain and pain radiating to the right upper extremity with symptoms of numbness and tingling. Additionally, the constant low back pain is worse and it radiates to the bilateral lower extremities with numbness and tingling. The patient also complains of intense left leg and lateral thigh pain. Finally, constant left knee pain is also reported. The current request is for IM Injection Mixed Toradol 60 MG/Vitamin B12 Gluteus Muscle QTY: 1. the treating physician report dated 10/8/14 (403) states, "The patient

(was) given an injection of vitamin B12 intramuscularly into gluteus muscle." Regarding Ketorolac (Toradol), MTUS guidelines state, "This medication is not indicated for minor or chronic painful conditions." The current documentation provided by the treating physician indicates that the patient has chronic pain and there is no documentation of a moderate to severe acute flare-up that might require a Toradol injection. Regarding Vitamin B12, MTUS does not discuss vitamins. ODG does not recommend Vitamin B for chronic pain condition. Aetna clinical policy guidelines also state that Vitamin B-12 Therapy injections are medically necessary with the following diagnoses or conditions: Anemia; GI disorders; neuropathy associated with malnutrition; alcoholism; pernicious anemia or Posterolateral sclerosis; Dementia secondary to B-12 deficiency; Homocystinuria; Patient's receiving Methotrexate, Almita; Methomonic aciduria; B-12 deficiency due to metformin not corrected by oral B-12; or Retrobulbar neuritis associated with heavy smoking. In this case, the clinical information does not document a vitamin B12 deficiency and this injection is not for a documented acute flare up as required by the MTUS guidelines. Recommendation is for denial.