

Case Number:	CM14-0057083		
Date Assigned:	07/09/2014	Date of Injury:	05/22/2013
Decision Date:	03/26/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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: Physical Medicine & Rehabilitation

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 41-year-old female, with a reported date of injury of 05/22/2013. The diagnoses include status post left L4-5 laminotomy and discectomy. Treatments have included an MRI of the lumbar spine on 06/18/2013, and pain medications. The request for authorization dated 03/13/2013 indicated that the treating physician requested cyclobenzaprine hydrochloride 7.5mg #120 for the palpable muscle spasms, and Terocin patch #30 to assist the injured worker with the treatment of mild to moderate acute or chronic aches or pain. The initial orthopedic evaluation dated 11/21/2013 indicates that the injured worker complained of low back pain with radiation into the lower extremities. There was associated tingling and numbness, and headaches. The physical examination showed pain and tenderness across the iliac crest into the lumbosacral spine, dysesthesia in the lower extremities, and guarded and restricted standing flexion and extension. On 03/26/2014, Utilization Review (UR) denied the request for cyclobenzaprine hydrochloride 7.5mg #120 and Terocin patch #30, noting that there was no documentation of muscle spasm, tightness, and stiffness; no documentation of failed trials of first-line recommendations to support the need for using a topical pain medication, and no indication that the injured worker was unresponsive or intolerant to oral pain medications. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30: Upheld

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

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

Decision rationale: According to the 03/13/2014 the most recent report, this patient is status post lumbar L4-5 laminotomy and "feels better." The current request is for Terocin patch #30. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient presents with lumbar spine neuropathic pain but it is not peripheral and localized. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The current request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Pain Procedure Summary last updated 03/18/2014

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

Decision rationale: According to the 03/13/2014 the most recent report, this patient is status post lumbar L4-5 laminotomy and "feels better." The current request is for Cyclobenzaprine hydrochloride 7.5mg #120. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #120 and it is unknown exactly when the patient initially started taking this medication. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

