

Case Number:	CM15-0126755		
Date Assigned:	07/13/2015	Date of Injury:	07/15/2005
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 38-year-old female, who sustained an industrial injury on 07/15/2005. She has reported injury to the neck and bilateral upper extremities. The diagnoses have included chronic cervical pain syndrome; C5-C6 degenerative disc bulge with severe bilateral foraminal narrowing and subsequent radiculopathy; and thoracic outlet syndrome. Treatment to date has included medications, diagnostics, trigger point injections, cervical epidural steroid injection, physical therapy, and home exercise program. Medications have included Norco, Cymbalta, Baclofen, Rizatriptan, and Terocin patches. A progress note from the treating physician, dated 04/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and bilateral upper extremity pain; she continues to have ongoing neck pain, though trigger point injections have been very effective; and she has pain radiating in the bilateral approximate C6 distribution. Objective findings included continued trigger points in the cervical paraspinal musculature; motor exam shows upper extremities are grossly intact; and she has normal sensation in the upper extremities. The treatment plan has included the request for Rizatriptan 10mg #12; and Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rizatriptan 10mg #12: Upheld

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

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: CA MTUS does not address triptans. The ODG states in regard to triptans that they are recommended at the recommended dosage for migraine headaches. In this case, the patient is being treated for chronic cervical and upper extremity pain. There is inadequate medical information submitted regarding the diagnosis of migraine headache and the specific benefit of triptan therapy. The pain relief is not quantified and there is no specific objective functional improvement findings submitted in regard to the Rizatriptan. Therefore, at this time, the request is deemed not medically necessary due to lack of information.

Terocin patches #30: Upheld

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

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains topical lidocaine. The MTUS specifically states that other than the dermal patch, other formulations of lidocaine, whether creams, lotions or gels are not approved for neuropathic pain. A compounded topical cream that contains lidocaine would not be recommended by MTUS criteria. Therefore, the request for Terocin patches is not medically necessary.