

Case Number:	CM14-0103872		
Date Assigned:	07/30/2014	Date of Injury:	11/22/2004
Decision Date:	09/26/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine 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:

This is a 28-year-old male with an 11/22/04 date of injury, when a pallet of dog food fell on top of him and injured his back. The patient was seen on 7/16/14 with complaints of severe achy, sore, burning, sharp low back pain with right leg pain. The pain was aggravated by the physical activities. Exam findings revealed the patient in severe distress and he was unable to perform normal gait due to his pain. The patient was limping severely. The range of motion of the lumbar spine was decreased due to pain, straight leg raising test, Kemp's test, Ely's test, Yeoman's test were positive bilaterally and heel walk test and Braggard's test were positive on the right. There was decreased sensation in L4-S1 dermatomes and DTRs were 1+ bilaterally. The diagnosis is lumbalgia, sciatica, and lumbar degeneration. Treatment to date: medications, work restrictions, chiropractic treatments. An adverse determination was received on 6/7/14. The request for Terocin Patches #30 was denied due to limited large-scale, long-term references showing the safety and efficacy of the requested compound prescription in this patient's clinical scenario. The request for Flexeril 7.5 mg #270 was approved and the weaning process was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #270: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Therefore, the request for Flexeril 7.5 mg #270 was not medically necessary.

Terocin Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patch Page(s): 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. CA MTUS states that topical lidocaine in the form of a dermal patch may be 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). There is a lack of documentation indicating how long the patient was using Terocin patch for and there is no documentation with subjective and objective functional gains with the previous treatment. In addition, there is no rationale with regards to the area of application. Therefore, the request for Terocin Patches #30 was not medically necessary.