

Case Number:	CM14-0151298		
Date Assigned:	09/19/2014	Date of Injury:	07/02/2012
Decision Date:	11/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/17/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with in industrial injury of July 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple epidural steroid injections; a reported diagnosis with a hip labral tear; and topical agents. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for cyclobenzaprine, Terocin, and menthol. The applicant's attorney subsequently appealed. In an August 18, 2014 progress note, the applicant reported persistent complaints of low back and hip pain. The applicant was already using Norco, Naprosyn, and Prilosec, it was acknowledged. It was stated that the applicant could potentially be a candidate for lumbar spine surgery after having failed three epidural injections. It was acknowledged that the applicant had had a recent urine drug screen which is positive for marijuana, amphetamines, and methamphetamines. Prescriptions for cyclobenzaprine, Terocin, and menthol were later issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (unspecified): 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 Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Norco, Naprosyn, Prilosec, and several topical compounds. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary

Terocin Patches (unspecified): 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are considered "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of Terocin. Therefore, the request is not medically necessary

Menthol (unspecified): 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are considered largely experimental. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Naprosyn, etc., effectively obviates the need for largely experimental topical agents such as the menthol-containing compound at issue. Therefore, the request is not medically necessary