

Case Number:	CM14-0038150		
Date Assigned:	06/25/2014	Date of Injury:	08/22/2012
Decision Date:	08/27/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application	04/01/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 45 year old female who was injured on 8/22/2012. The diagnoses are Low Back Pain, Status Post Lumbar Fusion, Cervical Spondylosis, Neck Pain and Lower Extremity Pain. The past surgery history is significant for cervical/lumbar spine laminectomy and fusion surgeries. A 2012 MRI showed progression of degenerative disc disease as well as no pain relief following Physical Therapy and Lumbar Epidural Steroid Injection. On 6/9/2014, [REDACTED] reported subjective complaints of severe low back pain radiating down the legs much worse. On 1/30/2014, [REDACTED] noted complaints of numbness and tingling associated with back pain. The medications are Flexeril 7.5mg #90 for muscle spasm, Voltaren XR 100mg for pain, Protonix for the prevention of NSAID induced gastritis and topical Terocin for pain. A Utilization Review determination was rendered recommending non certification for Flexeril 7.5mg #90, Voltaren XR 100mg #60 2 refills, Protonix 20mg #50 2 refills and Terocin 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 62-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic musculoskeletal pain that is non-responsive to treatment with NSAIDs, Physical Therapy and Exercise. Long term use of muscle relaxants is associated with the risk of dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient has been utilizing Flexeril for more than one year. The request for Flexeril 7.5mg #90 is not medically necessary.

Protonix 20mg #50 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.42.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS addressed the use of proton pump inhibitors in the prevention and treatment of NSAIDs induced gastrointestinal complications. Protonix is recommended for patients who have failed first line medications such as Omeprazole. The records did not show that the patient was being treated for gastritis or NSAIDs associated gastrointestinal disease. The patient did not fail first line medications. The request for Protonix 20mg #50 2 refills is not medically necessary.

Voltaren XR 100mg #60 x2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 9792.42.2 Page(s): 67-73.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. It's recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during times of exacerbation or flare ups of chronic pain to limit the incidence of renal, cardiovascular and gastrointestinal complications. The records indicate the patient is experiencing flare ups of musculoskeletal pain. On 6/9/2014, [REDACTED] noted that the chronic pain was getting progressively worse there was also associated numbness and tingling sensations due to advancing musculoskeletal pathology. The request for Voltaren XR 100mg is medically necessary.

Terocin 120ml x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of chronic neuropathic pain. Topical analgesic preparations can be utilized when trials of NSAIDs, anticonvulsant and antidepressant medications are ineffective, cannot be tolerated or have failed. Terocin contains Menthol 10%, Lidocaine 2.5%, Capsaicin 0.025% and Methyl Salicylate 25%. The records did not show that the patient has failed treatment with first line medications. There is no guideline recommendation for the use of Menthol in the treatment of chronic pain. There is no FDA or guideline support for the use of Lidocaine or Capsaicin formulated with other compounds. It is recommended that topical products be evaluated individually for efficacy. The request for topical Terocin 120ml x1 is not medically necessary