

<b>Case Number:</b>	CM13-0014417		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical medicine and Rehabilitation, 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 physician 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 patient is a 37-year-old female who reported an injury on 05/17/2011, mechanism of injury not stated. The patient is noted to have undergone a cervical fusion on 08/25/2011. The clinical note dated 07/18/2013 reported the patient stated she had been doing well but had run out of medications. She reported that she had pain in her arm but when she was given the tramadol it went away. On physical exam, the patient is noted to have normal reflexes, sensory and power testing of the bilateral upper and lower extremities. She is noted to have minimal cervical tenderness and decreased cervical spine range of motion by about 25%. She is reported to have undergone a previous MRI in 2011 which was reported to show a large C5-C7 disc herniation compressing the exiting left C7 nerve root. She is noted to have undergone x-rays which reported good position and alignment and what appeared to be a solid fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Prilosec 20mg #60 for DOS 7/18/2013:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient is a 37-year-old female who reported an injury on 05/17/2011. She is noted to have undergone an ACDF at C6-7 on 08/25/2013 and is reported to have been doing well on 07/18/2013 noting the pain she had in her arm went away after being started on tramadol. The patient is noted to have minimal findings on physical exam with minimal cervical tenderness and decreased cervical range of motion and normal reflex, sensory and motor testing of the upper and lower extremities. The patient is noted to have been prescribed Prilosec 20 mg. The California MTUS Guidelines recommend the use of proton pump inhibitors such as Prilosec for treatment of dyspepsia and GI symptoms for patients who are on nonsteroidal anti-inflammatories. The patient is noted to have been prescribed Anaprox; however, there is no documentation that the patient experiences any dyspepsia or GI symptoms and as such, the need for a proton pump inhibitor is not established. Based on the above, the retrospective request for Prilosec 20 mg #60 is non-certified.

**Retrospective Fexmid 7.5mg #60 for DOS 7/18/2013:** 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 Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The patient is a 37-year-old female who reported an injury on 05/17/2011. She is noted to have undergone an ACDF at C6-7 on 08/25/2011. She is reported to have been doing well on 07/18/2013 but noted she had had pain on the arm but when she was started on tramadol it went away. The California MTUS Guidelines recommend the use of muscle relaxants for treatment of chronic pain with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic pain. As the patient is noted to have been using the Fexmid or cyclobenzaprine on a long-term ongoing routine basis, the request for Fexmid does not meet guideline recommendations. Based on the above, the retrospective request for Fexmid 7.5 mg, #60 is non-certified.

**Retrospective; Terocin x 2 for DOS 7/18/2013:** 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:** The patient is a 37-year-old female who reported an injury on 05/17/2011. She is noted to have undergone an ACDF at C6-7 on 08/25/2011 and is reported on 07/18/2013 to state that she was doing very well and noted she had had pain in her arm and following a prescription given for tramadol her arm pain went away. She is noted on physical exam to have minimal cervical tenderness and minimal to moderate decrease in range of motion of the cervical spine, normal reflexes, sensory and power testing of the bilateral upper and lower extremities. The California MTUS Guidelines state that there is little to no research to support the use of

many topical agents and any compounded product that contains at least 1 drug or drug class is not recommended. Terocin lotion is noted to contain methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. The guidelines recommend the use of topical nonsteroidal analgesics for treatment of osteoarthritis in joints that are amenable to topical treatment which does not include the spine. They recommend the use of capsaicin as an option in patients who have not responded or are intolerant to other treatments and do not recommend the use of topical lidocaine in any other form other than the dermal patch. As the patient is noted to have been treating for her neck pain and is not noted to have responded or intolerant to other treatments and lidocaine is not recommended as a lotion for pain, the requested Terocin does not meet guideline recommendations. Based on the above, the retrospective request for Terocin x2 is non-certified.