

<b>Case Number:</b>	CM13-0014633		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 California and Nevada. 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 injured worker is a 67 year old female who sustained an injury on 11/30/12 when her left foot hit a box of copy paper causing her to fall to the floor landing on the hands and knees. The injured worker was initially treated with physical therapy. Radiographs were negative for evidence of fractures. Prior medication use included anti-inflammatories anticonvulsants and Omeprazole. The injured worker was referred back to chiropractic therapy as part of her pain management. The injured worker was recommended for electrodiagnostic studies and CT. There were noted side effects from anti-inflammatory use including possible blood in stool. The injured worker was switched to Terocin and Dendracin creams for paresthesia and prescribed Zanaflex for muscle spasms. Electrodiagnostic studies were reported to be negative for any evidence regarding neuropathic etiology or neuropathic symptoms or radiculopathy. The injured worker was seen by [REDACTED] for pain management on 8/13/13. It was noted that recent urine drug screen testing was negative for any controlled substances. Physical examination on 8/6/13 noted positive straight leg raise findings in the lower extremities to the right and positive Spurling's sign. The injured worker prescribed Flexeril for spasms. Topical analgesics and Omeprazole were prescribed at this visit. Per the supplemental appeal report from [REDACTED], the injured worker was unable to obtain significant improvement with Neurontin, and both Dendracin and Terocin topical creams were recommended. The injured worker was reported to have a history of gastroesophageal reflux disease while utilizing anti-inflammatories.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The clinical documentation submitted for review did not identify any ongoing use of narcotic medications. There was no documentation regarding elevated risk factors for diversion or medication abuse. Given the lack of any indications regarding ongoing use of prescription narcotics or evidence for elevated risk factors regarding medication abuse, the request is not medically necessary.

**OMEPRAZOLE 20MG #100:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The injured worker was not actively utilizing any anti-inflammatories as of 8/6/13 per the clinical records provided for review. Although the injured worker was reported to have had previous episodes of acid reflux with anti-inflammatories, she was not actively utilizing anti-inflammatories at the time Omeprazole was requested. As such, the request is not medically necessary.

**FLEXERIL 7.5MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-67.

**Decision rationale:** This medication was prescribed on 8/6/13 for spasms. There was a notation regarding presence of spasms in the bilateral trapezius. Given these positive exam findings for spasms, the use of Flexeril on a short term basis would be supported by the Chronic Pain Medical Treatment Guidelines. As such, the request is medically necessary.

**TEROCIN OINTMENT 1 BOTTLE:** Upheld

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

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

**Decision rationale:** The clinical records indicated that the injured worker had limited response to Neurontin and topical analgesics, including Terocin, were provided. The injured worker's physical examination findings did not clearly identify evidence for ongoing neuropathic pain. Prior electrodiagnostic studies were negative for any evidence regarding neuropathic conditions. Terocin as topical analgesic is largely considered experimental/investigational per guidelines. The Chronic Pain Medical Treatment Guidelines indicate they can be utilized as an option in the treatment of neuropathic pain when all other conservative efforts have failed, including first line medications for neuropathic pain such as antidepressants or anticonvulsants. Although the injured worker was reported to have had limited benefit from Neurontin, there is no other indication that other anticonvulsants or antidepressants were exhausted. As such, the request is not medically necessary.

**DENDRACIN OINTMENT 120 ML 1 BOTTLE:** Upheld

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

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

**Decision rationale:** The clinical records indicated that the injured worker had limited response to Neurontin and topical analgesics, including Dendracin, were provided. The injured worker's physical examination findings did not clearly identify evidence for ongoing neuropathic pain. Prior electrodiagnostic studies were negative for any evidence regarding neuropathic conditions. Terocin as topical analgesic is largely considered experimental/investigational per guidelines. The Chronic Pain Medical Treatment Guidelines indicate they can be utilized as an option in the treatment of neuropathic pain when all other conservative efforts have failed, including first line medications for neuropathic pain such as antidepressants or anticonvulsants. Although the injured worker was reported to have had limited benefit from Neurontin, there is no other indication that other anticonvulsants or antidepressants were exhausted. As such, the request is not medically necessary.