

<b>Case Number:</b>	CM13-0022376		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 23 year old male who sustained an injury on 09/06/12 when he was struck in the back of the head as well as the right shoulder and neck by a tree. Following the injury, the injured worker was followed for complaints of neck pain, pain in the right shoulder, as well as headaches and back pain. The injured worker was initially placed on Norco for pain and referred to physical therapy. Other medications included the use of naproxen as well as Prilosec. The injured worker was seen on 07/22/13 with continuing complaints of low back pain radiating to the left lower extremity with associated numbness and weakness. The injured worker had completed physical therapy as well as chiropractic manipulation at this point in time. Medications had included tramadol ER once daily, Zanaflex twice daily, Naproxen twice daily, and Prilosec once daily as well as topical Terocin cream. The injured worker did report a decrease in pain with an improvement in function with the use of medications. The injured worker denied any side effects. The injured worker's physical examination did note a slightly antalgic gait with tenderness to palpation in the lumbar paraspinal musculature with associated spasms. There was decreased lumbar range of motion noted. Decreased sensation in a left L5-S1 distribution was present with mild weakness noted at the left extensor hallucis longus, tibialis anterior and on plantar flexion and extension. The injured worker wished to defer any consideration for surgery or injections due to benefits obtained with prescribed medications. The injured worker was recommended to continue with Terocin patches, omeprazole, cyclobenzaprine, tramadol and naproxen at this evaluation. The requested cyclobenzaprine 7.5mg, quantity 60, omeprazole 20mg, quantity 60 and Terocin lotion, 4 oz. were all denied by utilization review on 08/30/13.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Prescription of 60 Tablets of Cyclobenzaprine 7.5MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 41.

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

**Decision rationale:** In regards to the use of cyclobenzaprine 7.5mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication.

### **Prescription of 60 Capsules of Omeprazole 20mg Between 8/28/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms And Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** In regards to the use of omeprazole 20mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

### **Prescription of 1 Terocin Lotion 4oz: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

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

**Decision rationale:** Per guidelines, topical analgesics that include Capsaicin such as Terocin are largely considered experimental and investigational due to the lack of evidence in the clinical literature establishing that topical use of this type of analgesic results in any long term functional improvement or pain relief as compared to standard oral medications for neuropathic pain. In this case, there is no indication that the injured worker has failed initial trials of either antidepressants or anticonvulsants for neuropathic pain. Given the lack of support within the clinical literature as well as indications that the injured worker has reasonably exhausted other conservative medications to include antidepressants or anticonvulsants, in regards to the request for Terocin lotion, 4 oz, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines.