

<b>Case Number:</b>	CM13-0033904		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old male with a date of injury of 10/19/2013. The listed diagnoses per [REDACTED] are: 1. Hip pain, right. 2. Chronic pain syndrome. 3. Neck pain. 4. Radiculitis. 5. Degenerative disk disease, cervical spine. 6. Lumbar stenosis. 7. Lumbar degenerative disk disease. According to report dated 09/17/2013, the patient continues to complain of neck and back pain. He primarily complains of low back pain, which radiates down his right leg. He also complains of neck and bilateral upper extremity pain as well. The patient is noted to have occasional numbness over the right calf and shin. He rates the pain as 10/10 on a VAS without medication and 6/10 with medications. Current prescription list include gabapentin 300 mg, hydrocodone 10/325 mg, Terocin lotion, omeprazole 20 mg, Flexeril 7.5 mg, and MiraLAX.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS  
Page(s): 111.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater is requesting Terocin lotion. Terocin lotion contains salicylate, capsaicin, and lidocaine. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety". MTUS further states "any compounded products that contains at least one drug or drug class that is not recommended, is not recommended". Per MTUS, lidocaine is only allowed in a patch form and not allowed in cream, lotion, or gel forms. Furthermore, topical NSAIDs, in this case salicylate, is only recommended for peripheral joint arthritis and tendinitis pain. This patient does not present with such diagnosis and suffers from chronic neck and back pain. Recommendation is for denial.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 69.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater is requesting Prilosec "to help him with GI upset". Medical records indicate this patient has been prescribed Prilosec since 04/26/2013, possibly earlier as this is the earliest record provided for review. The treater does not provide any GI risk assessment in the progress reports from 04/29/2013 to 09/17/2013. There is no mention of gastric irritation or pain, no peptic ulcer history, no concurrent use of ASA, anticoagulant, etc. Furthermore, the list of medications does not indicate that this patient is on any NSAIDs. MTUS Guidelines page 69 states "omeprazole is recommended with precautions as indicated below. Clinician should weigh the indications for NSAIDs against both GI and cardiovascular risk factors." Determining if the patient is at risk for gastrointestinal events: 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Congruent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose/multiple NSAIDs. The requested Prilosec 20 mg #60 is not medically necessary and recommendation is for denial.

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, Page(s): 63.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater is requesting Flexeril 7.5 mg #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second-line option for

short-term treatment of acute exasperation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence". In this case, medical records indicate this patient has been prescribed Fexmid, another muscle relaxant, since 04/26/2013. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.