

<b>Case Number:</b>	CM13-0038119		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Family Medicine 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 injured worker is a 57 year old male who sustained an injury on 07/02/08 when he slipped off a loading dock and fell. The injured worker sustained an injury to the lumbar spine and eventually required surgical intervention. The injured worker was assessed with post-laminectomy syndrome. The injured worker has undergone several epidural steroid injections to date. As of 09/10/13 the injured worker continued to report complaints of low back pain radiating to the right lower extremity. The injured worker did report benefits obtained with medications. The injured worker was using Norco 10/325mg, Soma 350mg BID, Lyrica 75mg, and topical analgesic lotions. On physical exam there was loss of lumbar range of motion with tenderness to palpation present. Prior utilization review denied requests for 1 Terocin lotion 2.5-25-0.025-10% and 60 tablets of soma 350mg on 09/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Terocin lotion 2.5-25-0.025-10%:** Upheld

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

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

**Decision rationale:** In regards to the use of Terocin Lotion, this request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. In regards to the use of Terocin topical analgesics, this reviewer would not have recommended this request as medically appropriate. Terocin contains capsaicin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.

**60 Tablets of Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

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

**Decision rationale:** In regards to the use of Soma 350mg quantity 60, this request is not medically necessary based on the clinical documentation 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 the ongoing use of this medication.