

<b>Case Number:</b>	CM13-0043918		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 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 57 year old male with an injury date of 10/22/13. Based on the 05/28/13 progress report provided by [REDACTED], the patient's diagnoses include the following: 1) Cervical discopathy 2) Lumbar discopathy/segmental instability 3) Status post right shoulder surgery (08/16/13) 4) Bilateral carpal tunnel syndrome/double crush syndrome 5) Bilateral plantar fasciitis The patient complaints of symptomatology in his right shoulder, cervical spine, bilateral hands/wrists, lumbar spine, and bilateral feet. The patient also has headaches which are associated with periods of increased pain in the cervical spine. The 04/19/13 MRI of the cervical spine shows cervical spine spasm and mild to moderate multilevel cervical spine spondylosis, a 2 to 3 mm posterior C4-C4, C4-C5, C5-C6, and C6-C7 disc protrusions indent and impinge on the anterior thecal sac, a 2 mm spondylolisthesis of C7 on T1, a 4 mm broad-based posterior T2-T3 disc protrusion indents the anterior thecal sac. [REDACTED] is requesting the following: 1) Cyclobenzaprine 7.5 mg #120 2) Tramadol ER 150 mg #90 1 qd as needed 3) Terocin Patch #10 The utilization review determination being challenged is dated 10/22/13 and recommends denial of the Cyclobenzaprine, Tramadol ER, and Terocin Patch. [REDACTED] is the requesting provider, and he provided treatment reports from 01/21/13- 08/21/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG #120 1 Q8H NOT TO EXCEED 3/DAY: 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 SECTION ON CYCLOBENZAPRINE (FLEXERILÂ® Page(s): 64.

**Decision rationale:** The patient complains of symptomatology in his right shoulder, cervical spine, bilateral hands/wrists, lumbar spine, and bilateral feet. The request is for Cyclobenzaprine 7.5 mg #120 for palpable muscle spasms. The patient has been taking Cyclobenzaprine since 05/13/13. None of the progress reports provided indicates how cyclobenzaprine gave functional improvement and pain relief. According to the MTUS guidelines, Cyclobenzaprine is "not recommended to be used for longer than 2-3 weeks." Based on the review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. Recommendation is for denial.

**TRAMADOL ER 150MG #90 1QD AS NEEDED:** 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 SECTIONS ON OPIOIDS FOR CHRONIC PAIN, OPIOIDS FOR NEUROPATHIC PAIN, AND TRAMADOL Page(s): 80, 82.

**Decision rationale:** The patient complains of symptomatology in his right shoulder, cervical spine, bilateral hands/wrists, lumbar spine, and bilateral feet. The request is for Tramadol ER 150 mg #90 1 qd as needed for the patient's acute exacerbation of severe pain related to chronic orthopedic condition. Review of the reports show the patient has been taking Tramadol since 05/13/13. The 08/21/13 progress report by [REDACTED] states that the patient has "benefitted from a short course of this medication in the past." For long-term use of opiates, MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. Recommendation is for denial.

**Terocin patch #10:** 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 SECTION ON LIDOCAINE Page(s): 112.

**Decision rationale:** The patient complains of symptomatology in his right shoulder, cervical spine, bilateral hands/wrists, lumbar spine, and bilateral feet. The request is for Terocin Patch #10. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. MTUS for topical lidocaine states: "Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." In this case, there is no evidence that the patient has previously had a trial of first-line therapy. Furthermore, Lidocaine is recommended for neuropathic pain that is peripheral and localized. This patient suffers from a chronic musculoskeletal pain condition. Recommendation is for denial.