

<b>Case Number:</b>	CM13-0049291		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, District of Columbia, and Maryland. 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 physician 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:

This 58 yr. old woman who supposedly suffered an Industrial injury on 9/27/2007 has been having chronic lower back pain. She was last examined by [REDACTED] on 9/19/2013. She has persistent knee pain. The claimant has completed eight visits of Chiropractic treatment for the low back which has helped somewhat decrease the pain and allowed the claimant to increase activity level. The claimant states that the medications do help decrease the pain and allow the claimant to increase activity level. On exam, the claimant has mildly atelic gait. Range of motion of lumbar spine is decreased in all planes and limited by pain. There is 4+/5 muscle strength at tibia is anterior and extensor phalluses long us on the right and 5-/5 on the left. The provider recommends transformational epidural injection on the right at L4 and L5, eight visits of additional chiropractic treatment for the back, medications to include Hydrocodone/APAP 10/325mg #180, Orphenadrine citrate 100mg #60, and Terocin pain patch box #I (10 patches), and followed in eight weeks. Diagnosis - Multilevel disc herniation of the lumbar spine with mild to moderate neural foraminal narrowing; Facet arthropathy of the lumbar spine; chronic low back pain. Medications - Norco 10/325mg two to three times per day, Naproxen zero to one time per day, Zanaflex zero to one time per day for the muscle spasm, and utilizes Medrox patches. PR-2 dated 09/19/13 indicates that the claimant presents for follow-up of low back pain rated 8/10. The claimant reports radiation of pain down the right anterior thigh as well as numbness in the left foot. The claimant does have persistent knee pain and is scheduled for knee surgery with [REDACTED]. The claimant was recently diagnosed with UTI and knee surgery was rescheduled for 09/30/13. The claimant has completed eight visits of chiropractic treatment for the low back which has helped somewhat decrease the pain and allowed the claimant to increase activity level. The claimant is taking Norco I10/325mg two to three times per day, Naproxen zero to one time

per day, Zanaflex zero to one time per day for the muscle spasm and utilizes Medrox patches. The claimant states that the medications do help decrease the pain and allow the claimant to increase activity level. On exam, the claimant has mildly antalgic gait. Range of motion of lumbar spine is decreased in all planes and limited by pain. There is 4+/5 muscle strength at tibialis anterior and extensor hallucis longus on the right and 5-/5 on the left. The provider recommends transforaminal epidural injection on the right at L4 and L5, eight visits of additional chiropractic treatment for the back, medications to include Hydrocodone/APAP 10/325mg #180, Orphenadrine citrate 100mg #60, and Terocin pain patch box #1 (10 patches), and followed in eight weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **The request for Orphenadrine citrate 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4.5, Division of Workers' Compensation, Subchapter 1, Administrative Director - Administrative Rules, Article 5.5.2 and the Official Disability Guidelines (ODG), TWC Pain Proce

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back Pain Knee Pain.

**Decision rationale:** When used as muscle relaxants in patient with chronic low back pain the guidelines recommend non-sedating muscle relaxants such as Orphenadrine with caution as a second-line option for short-term treatment of acute exacerbations. Also the guideline recommended a short course of therapy. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Therefore the request for Orphenadrine citrate 100mg #60 is not medically necessary.

#### **The request for Terocin patches, 1 box: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4.5, Division of Workers' Compensation, Subchapter 1, Administrative Director - Administrative Rules, Article 5.5.2

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/13) Topical analgesics.

**Decision rationale:** Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to MTUS guidelines, the use of topical analgesics is largely experimental with few randomized controlled trials to determine

efficacy or safety. Terocin patches are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this patient there is no documentation that the recommended first line medications have been tried and failed. Also, the guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. Therefore the request for Terocin patches, 1 box is not medically necessary.

**The request for Medrox patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4.5, Division of Workers' Compensation, Subchapter 1, Administrative Director - Administrative Rules, Article 5.5.2

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/13) Topical Analgesics

**Decision rationale:** The Compound Medrox is a mixture of methyl salicylate, menthol, and capsaicin prescribed as a patch for neuropathic pain management. The guidelines recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that this is the case, therefore the prescription of Medrox patch is not medically necessary.