

<b>Case Number:</b>	CM13-0049303		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/30/2013
<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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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:

The patient is a 40-year-old male who reported injury on 05/15/2009. The mechanism of injury was noted to be a cumulative trauma. The patient was noted to be status post L4-5 microdiscectomy in 12/2009 and on 03/11/2011, a bilateral L4-5 and L5-S1 hemilaminectomy. The patient was noted to be taking Flexeril, Prilosec, and Terocin. The patient was noted to be in the office for a pain management follow-up for low back and lower extremity complaints. The patient was noted to have persistent back pain rated an 8/10 to 9/10 on a pain scale. The patient was noted to have decreased range of motion in all planes, and was limited by pain. The patient had tenderness to palpation to the bilateral lower lumbar facet regions, left side greater than right, and had positive facet loading at L3-S1. The request was made for medication refills and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, #60, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. Note by [REDACTED], [REDACTED] on 10/08/2013 reports that Flexeril (Cyclobenzaprine) serves to "decrease the spasms in his low back and allows him to sleep more comfortably", and patient reports that without medication "he cannot walk." As such, the treatment requested would be considered medically necessary; however, the rationale for 2 refills in the absence of follow-up was not given and thus the request for Flexeril 7.5 mg #60 with 2 refills is not medically necessary.

**Prilosec 20mg, #60, 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia. Additionally, there was a lack of documentation of efficacy of the requested. Given the above, the request for Prilosec 20 mg #60 with 2 refills is not medically necessary.

**Terocin pain patch box #1, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Capsaicin, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation website: <http://www.drugs.com/search.php?searchterm=Terocin>

**Decision rationale:** The Physician Reviewer's decision rationale: California states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments Lidocaine, Lidoderm. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Terocin patch box #1 with 2 refills is not medically necessary.

**Follow-up in 4 weeks for re-evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, Office Visit.

**Decision rationale:** The Physician Reviewer's decision rationale: The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Official Disability Guidelines recommend a follow-up office visit with a healthcare provider that is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment; as well as based on what medications the patient is taking since some medications such as opiates require close monitoring. Clinical documentation submitted for review indicated the patient was taking Norco 10/325 and this was the only opiate per documentation. There was a lack of documentation indicating that this medication could not be followed by a primary care physician. Given the above, the request for a follow-up visit in 4 weeks for re-evaluation is not medically necessary.