

<b>Case Number:</b>	CM13-0050914		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 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 45-year-old female, who has submitted a claim for cervicalgia, lumbar sprain / strain, and lumbar radiculitis associated with an industrial injury date of September 9, 2011. Medical records from 2012 through 2013 were reviewed which showed that the patient complained of constant neck pain, radiating to upper extremities associated with numbness and tingling. The patient also complained of constant low back pain radiating to the left lower extremity, with numbness and tingling. On physical examination of the cervical spine, range of motion (ROM) was as follows: flexion at 40; extension at 40; right rotation at 60; left rotation at 60; right lateral flexion at 30; left lateral flexion at 30. On physical examination of the lumbar spine, tenderness was noted. Lumbar ROM was as follows: flexion at 40; extension at 10; right lateral flexion at 10; left lateral flexion at 10. Straight leg raise (SLR) was positive on the left. Left upper extremity sensation was decreased at C6. MRI of the left hip done on October 6, 2012 showed follicular cyst in left adnexa and small cystic lesion in the pelvis on the right side. MRI of the lumbar spine done on October 6, 2012 showed multilevel disc protrusion from L2-S1. MRI of the right shoulder done on October 6, 2012 showed acromio-clavicular joint arthropathy, biceps tenosynovitis. X-ray of the thoracic spine done on July 27, 2012 showed, mild hypertrophic changes of the mid and lower dorsal spine. Treatment to date has included hydrocodone/acetaminophen, Ketoprofen, Omeprazole, Gabapentin/L-carnitine, Medrox, Norco, Vicodin, Soma, Ambien, Naproxen, Prozac, Risperidal, Ativan, Trazodone, Terocin, Flurbi, Gabacyclotran, Somnicin, Laxacin and Tramadol. Utilization review from October 9, 2013 denied the request for Retrospective request for Soma 350mg #90 DOS: 8/29/13, because the medication is not indicated for long-term use. The request for Retrospective request for Terocin Pain Patch Box (10 Patches) #3 DOS:8/29/13 was also denied, because there is no evidence for use of any other muscle relaxant as a topical product.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RETROSPECTIVE REQUEST FOR SOMA 350MG #90 DOS: 8/29/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

**Decision rationale:** As stated on pages 29 & 65 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, the patient has been using Soma since August 2012, which is beyond the recommended 2 to 3 week period. Furthermore, there is no discussion regarding continued use of Soma despite its metabolism to meprobamate and its potential for abuse. Therefore, the retrospective request for Soma 350mg #90 was not medically necessary.

### **RETROSPECTIVE REQUEST FOR TEROGIN PAIN PATCH BOX (10 PATCHES) #3 DOS:8/29/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topica Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

**Decision rationale:** Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica). Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that the patient was on Terocin patch since July 2013. However, the patient is on Gabapentin since December 2012 up to present time. There was no documentation that the patient had failure with Gabapentin use. The medical necessity was not established. Therefore, the Retrospective request for Terocin Pain Patch Box (10 Patches) #3 DOS: 8/29/13 was not medically necessary.

