

Case Number:	CM13-0051794		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2011
Decision Date:	03/10/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and 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 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:

According to the records made available for review, this is a 55-year-old male with an 11/3/11 date of injury. At the time of request for authorization for Flexeril 7.5 mg #60 and Terocin 120ml, there is documentation of subjective (aching in the neck and low back, as well as the left hip) and objective (tenderness over the paraspinals, increased pain with flexion and extension, tenderness in the cervical paraspinals, tenderness over the facet joints, and cervical spine range of motion is reduced in all planes) findings, current diagnoses (cervical spine stenosis, lumbar DDD, and chronic pain syndrome), and treatment to date (injections and medications(Flexeril since at least February 2013)). There is no documentation of objective findings (muscle spasms).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants, Opioids Page(s): 63, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: The Chronic Pain Guidelines indicate that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy to decrease muscle spasm in conditions such as low

back pain. Within the medical information available for review, there is documentation of cervical spine stenosis, lumbar degenerative disc disease, and chronic pain syndrome. However, there is no documentation of muscle spasms. In addition, given the documentation of Flexeril prescribed since at least February 2013, there is no documentation of a short course of therapy. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5 mg #60 is not medically necessary.

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Page(s): 111-113, 105. Decision based on Non-MTUS Citation www.drugs.com, Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

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

Decision rationale: Terocin is a topical pain relief lotion that contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. The Chronic Pain Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of cervical spine stenosis, lumbar degenerative disc disease, and chronic pain syndrome. In addition, there is documentation of a prescription for Terocin 120ml (a compound medication that contains at least one drug (Lidocaine) that is not recommended). Therefore, based on guidelines and a review of the evidence, the request for Terocin 120ml is not medically necessary.