

<b>Case Number:</b>	CM13-0052978		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 has a subspecialty in Pain Management and 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 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 is a 59 year old male who reports a cumulative trauma injury from 3/14/08-8/13/13. He has been diagnosed with left hip arthritis and L5/S1 decreased disc space. According to the 10/16/13 medical report, he presents with 6-9/10 low back pain, hip pain, and hernia pain to the right side of the groin. On the 9/5/13 report, the physician prescribed anti-inflammatory (unspecified) medication. On 10/16/13 the physician requested cyclobenzaprine (unknown dosage) for spasms, and Terocin cream for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** This is an incomplete prescription for cyclobenzaprine. The strength, duration and frequency and total number of tablets were not listed. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in

MTUS. MTUS does not recommend using cyclobenzaprine over 3 weeks. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.

**Terocin Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Antiinflammatory Agents (NSAIDs) Page(s): 111-113.

**Decision rationale:** Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or anticonvulsants and MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, methyl salicylate, capsaicin and possible menthol are indicated (methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105, "Ben-Gay" is given as an example and Ben-Gay contains menthol and methyl salicylate). Terocin contains topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.