

<b>Case Number:</b>	CM13-0053467		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/21/2013
<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 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 Illinois. 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 injured worker is a 42-year-old female who reported an injury on 08/10/2012. The mechanism of injury was running. The injured worker was initially treated with a course of physical therapy and anti-inflammatory medications. Due to the failure of conservative therapy to resolve the injured worker's symptoms, MRIs of the cervical and lumbar spine were obtained on 11/08/2012. The study revealed degenerative changes at T12-L1, L4-5, and L5-S1. There was notable degenerative facet arthritis at L4-5 and L5-S1. In addition, the cervical MRI revealed bilateral degenerative facet arthritis at C3-4, C2-3, and mild disc degeneration at C4-5. There were also posterior disc bulges at C4-5, C5-6, and C6-7. She was also diagnosed with tendinosis of the proximal common hamstring tendon on the left side, and was again provided with a course of physical therapy. Throughout her course of treatment, the injured worker continued to work at full duty. More recently, the injured worker has received a course of acupuncture therapy, which was beneficial, Toradol pain injections which were beneficial, and intermittent use of Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5mg:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend non-sedating muscle relaxants for short-term treatment of chronic low back pain. Flexeril in particular, is not recommended for use beyond 3 weeks. The clinical information submitted for review provided evidence that the injured worker was first prescribed Flexeril in 07/2013; at that time, she was counseled on the correct usage. The injured worker was not again prescribed Flexeril until 11/2013, for palpable muscle spasms. As the injured worker is clearly utilizing this medication intermittently and not on a routine basis, and there was evidence of muscle spasms on the last physical examination, use of Flexeril is indicated at this time. However, the current request does not specify the amount desired and therefore, will not be certified. As such, the request for cyclobenzaprine hydrochloride 7.5 mg is non-certified.

**Ten Terocin patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend topical analgesics to treat primarily osteoarthritic and neuropathic pain. The current request is for Terocin patches, which is a combination of methyl Salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. California Guidelines also state that any compounded product that contains at least 1 drug or drug class that is not recommended deems the entire product not recommended. Currently, lidocaine is only approved to treat neuropathic pain. The most recent clinical note dated 11/19/2013 did not provide any evidence that the injured worker was experiencing neuropathic symptoms. As such, use of Terocin is not appropriate at this time, and the request for Terocin patches is non-certified.