

<b>Case Number:</b>	CM13-0055344		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2010
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/01/2013
<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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 11, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior multilevel cervical fusion surgery on December 10, 2012; transfer of care to and from various providers in various specialties; muscle relaxants; and anxiolytic medications. In a Utilization Review Report of November 1, 2013, the claims administrator denied request for cyclobenzaprine, a muscle relaxant; quazepam, an anxiolytic; and Terocin, a topical patch. The applicant's attorney subsequently appealed. A clinical progress note of August 19, 2013 is notable for comments that the applicant has had a good outcome following cervical fusion surgery, is doing well, is only occasionally using tramadol and Robaxin. The applicant's motor function is intact. Her cervical range of motion is good. She is apparently returned to work and asked to follow up in six weeks' time. On September 12, 2013, the applicant was described as having some low-grade residual symptomatology. She was given refills of unspecified medications at that point. On October 25, 2013, the applicant was issued with prescriptions for cyclobenzaprine, quazepam, and Terocin. Preprinted checkboxes were used. No narrative commentary was attached.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride tab 7.5 mg #120:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using several other analgesic medications, both oral and topical and was, moreover, recently described as using another muscle relaxant, Robaxin. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.

**Quazepam 15 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, long-term or chronic usage of benzodiazepine anxiolytic is not recommended, either for chronic pain purposes, for anticonvulsant effect, for muscle relaxant effect, or for depression purposes. The MTUS further notes that an antidepressant may be a more appropriate long-term choice. In this case, the attending provider has not furnished any narrative rationale or commentary along with the request for authorization so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is likewise not certified, on Independent Medical Review.

**Terocin Patch #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is described as using numerous first-line oral pharmaceuticals, including tramadol, cyclobenzaprine, Robaxin, etc. at various points in time, effectively obviating the need for topical agents or topical compounds such as Terocin which are, per page 111 of the MTUS Chronic Pain Medical Treatment

Guidelines "largely experimental." Therefore, the request is likewise not certified, on Independent Medical Review.