MAXIMUS Federal Services

| Case Number: | CM13-0056083 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 11/01/2010 |
| Decision Date: | 03/31/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

## 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 Internal Medicine, Pulmonary Diseases, 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 patient is a 59-year-old female who reported an injury on 11/01/2010. The patient's diagnosis was noted to be total knee replacement. The mechanism of injury was noted to be the patient was in the kitchen when she saw a mouse and stepped backwards and felt pain in her left knee. The earliest documentation submitted for review with regards to the current medications being requested was 01/10/2013. The documentation dated 11/04/2013 revealed the patient was being prescribed cyclobenzaprine for palpable muscle spasms noted during an examination, and the Terocin topical patch was being prescribed to assist the patient with the treatment of mild to moderate acute or chronic aches or pains.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride Tablets 7.5 mg, quantity of 120:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for short-term treatment of acute low back pain and for

treatment duration of less than 3 weeks. There should be documentation of objective functional benefit. The clinical documentation submitted for review failed to provide an objective thorough physical examination indicating the patient had muscle spasms. Additionally, as the patient had taken the medication since 01/2013 per submitted documentation, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of objective functional improvement with the medication. Given the above, the request for cyclobenzaprine hydrochloride tablets 7.5 mg #120 is not medically necessary.

**Terocin patch, quantity of 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate , Topical Analgesic, Topical Analgesic, Lidocaine, Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/search.php?searchterm=Terocin.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review indicated the patient was being prescribed the Terocin patch to assist with treatment of mild to moderate acute or chronic aches or pains. However, there was a lack of documentation of the efficacy of the requested medication. There was a lack of documentation of exceptional factors indicating the patient had trial and failure of antidepressants and anticonvulsants, as well as the patient had not responded, or was intolerant to, other treatments to support ongoing usage. Given the above, the request for Terocin patch #10 is not medically necessary.