

<b>Case Number:</b>	CM13-0066690		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/24/2002
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 patient is a 55-year-old female who reported an injury on 04/24/2002. The mechanism of injury was not stated. The patient is diagnosed with infected total knee status post multiple interventions, internal derangement of the left knee with patellofemoral inflammation, reflex sympathetic dystrophy of the left lower extremity, and right foot plantar fasciitis. The patient was seen by [REDACTED] on 11/13/2013. The patient reported persistent pain with burning along the bottom of the left foot. Physical examination revealed 30 degree flexion and a well-healed incision. Treatment recommendations included prescriptions for Flexeril and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES #10:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence

of a trial of first line therapy. As per the documentation submitted, the patient has previously utilized a lidocaine based topical analgesic. Despite ongoing use, the patient continued to report persistent pain with activity limitation. There is also no documentation of a failure to respond to first line treatment with oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**FLEXERIL 7.5MG #60:** 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): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 weeks to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with activity limitation. There was no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.