

<b>Case Number:</b>	CM13-0069662		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 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 53-year-old female who reported injury on 01/06/2012. The mechanism of injury was not provided. The injured worker underwent a left carpal tunnel release on 12/18/2012. The medication history included antidepressants as of 2012. The most recent documentation was dated 10/21/2013. It was indicated the injured worker was using Norco, tizanidine, ibuprofen, and gabapentin for pain management. The diagnoses included status post left carpal tunnel release with partial flexor tenosynovectomy on 12/18/2012; degenerative disc disease C5-6, moderately severe with left upper extremity C6 cervical radiculitis; moderately severe right carpal tunnel syndrome; depression and anxiety, as well as sleep disturbance. The report was incomplete. The submitted request was for 1 prescription of Terocin lotion with 4 Final Determination Letter for IMR Case Number CM13-0069662 3 refills, 1 prescription of nortriptyline 10 mg #60, and 1 prescription of orphenadrine citrate 100 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF TEROGIN LOTION WITH 4 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Salicylate, Section Topical Analgesic, Section Topical Capsaicin and Section Li. Decision based on Non-MTUS Citation drugs.com website.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS guidelines states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is 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. The 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 failed to provide a request for the medication. The most recent documentation of 10/21/2013 was incomplete. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. This medication was concurrently being reviewed with an antidepressant. The request as submitted failed to indicate the frequency, quantity, and strength. The duration of use could not be established through submitted documentation. There was a lack of documentation indicating a necessity for 4 refills. There was no progress report nor Division of Workers' Compensation (DWC) form Request for Authorization (RFA) submitted to request the medication. Given the above, the request for 1 prescription of Terocin lotion with 4 refills is not medically necessary.

**ONE PRESCRIPTION OF NORTRIPTYLINE 10MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The duration of use was greater than 1 year. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the frequency for the requested medication. There was no progress report nor Division of Workers' Compensation (DWC) form Request for Authorization (RFA) submitted to request the medication. Given the above, the request for 1 prescription of nortriptyline 10 mg #60 is not medically necessary.

**ONE PRESCRIPTION OF ORPHENADRINE CITRATE 100MG #60:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional benefit. The duration of use could not be established through submitted documentation. There was a lack of documentation indicating a recent objective physical examination to support the necessity for a muscle relaxant. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of orphenadrine citrate 100 mg #60 is not medically necessary.