

<b>Case Number:</b>	CM13-0070120		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/31/2003
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of December 31, 2003. A utilization review determination dated December 3, 2013 recommends non-certification of 1 prescription of Cyclobenzaprine 7.5mg #20 between 10/17/2013 and 1/21/2014, 12 aqua therapy session between 10/17/2013 and 1/21/2014, and 1 prescription of Terocin patch #10 between 10/17/2013 and 1/21/2014. The previous reviewing physician recommended non-certification of 1 prescription of Cyclobenzaprine 7.5mg #20 between 10/17/2013 and 1/21/2014 due to lack of documentation spasm on examination; non-certification of 12 aqua therapy session between 10/17/2013 and 1/21/2014 due to lack of documentation of information available from the therapist regarding the most recent completed sessions, number of sessions completed to date, and any subjective, objective, or functional improvement noted following prior sessions; and non-certification of 1 prescription of Terocin patch #10 between 10/17/2013 and 1/21/2014 due to lack of guideline support for menthol and the patient's positive response to aquatic therapy. A Re-evaluation and Progress Report dated November 14, 2013 identifies Chief Complaints of persistent neck pain that radiates to the upper extremities with numbness and tingling. He has low back pain that is aggravated with usual activities. He indicates that his neck pain is progressively getting worse and popping. Physical Examination identifies tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. Tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. The patient walks with a limp with axillary crutches. There is dysesthesia at the L5 and S1 dermatomes. Diagnoses identify cervical discopathy with radiculitis and lumbar discopathy with radiculitis, with L4-5 segmental instability and L5-S1 disc

collapse. Treatment Plan identifies new MRIs will be ordered, continue with a course of aquatic therapy as he is still making progress.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine 7.5mg #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Cyclobenzaprine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 63-66.

**Decision rationale:** Regarding the request for One (1) prescription of Cyclobenzaprine 7.5mg #20, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested One (1) prescription of Cyclobenzaprine 7.5mg #20 is not medically necessary.

#### **Twelve (12) aqua therapy sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173; 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy and Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for Twelve (12) aqua therapy sessions, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG recommends a maximum of 12 visits of physical therapy over 8 weeks following a 6 visit clinical trial, in the treatment of cervical and lumbar radiculitis. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current complaints. Additionally, the number of prior sessions is unknown, as well as if any objective

functional benefit was obtained from those sessions. In the absence of clarity regarding those issues, the currently requested Twelve (12) aqua therapy sessions is not medically necessary.

**One (1) prescription of Terocin patch #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** Regarding request for One (1) prescription of Terocin patch #10, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested One (1) prescription of Terocin patch #10 is not medically necessary.