

<b>Case Number:</b>	CM13-0070228		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/20/2013
<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 & 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 patient is a 52 year old female who was injured on 06/18/2013. She was pushing her cleaning barrel from one building to the next. The barrel wheel got caught between uneven pavement and she fell over the barrel. She noted acute onset of right knee, bilateral wrist, neck, and mid back pain as well as pain in the right small toe and left upper arm. A toxicology report dated 11/19/2013 confirms the prescription medication Norco. A PR2 dated 09/24/2013 indicates the patient presents with complaints of frequent neck pain, rated at 7/10; constant mid back pain, rated at 7/10; occasional low back pain radiating to the lower extremities rated at 7/10; and constant left shoulder/arm pain rated at 9/10. The patient is diagnosed with neck sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and left shoulder internal derangement. The treatment and plan includes the patient is being evaluated for medication management and/or ongoing medication therapy. The patient is provided Omeprazole 20 mg, Naproxen Sodium 550 mg, Cyclobenzaprine hydrochloride 7.5 mg, Norco 10/325 mg, and topical medications. An initial Orthopedic evaluation dated 07/02/2013 states the patient reports to have continued low back pain and left shoulder pain as well as neck pain. The patient has not returned to work since the injury. The patient is reportedly taking Flexeril, Norco, and anti-inflammatory drugs. On exam, there is tenderness to palpation in the cervical paraspinal muscles, left greater than right. The trapezius muscle group is nontender to palpation. There is spasm palpated. The acromioclavicular joint is nontender. Apprehension test is negative and Neer's impingement sign is slightly positive. There is tenderness along the medial scapular border and trapezius area. Deep tendon reflexes are 2+ and manual muscle testing is 5/5. There is tenderness to palpation over the lumbar paraspinal muscles, more in the thoracolumbar junction area. There is no palpable spasm. The patient is given Flexeril 10 mg, Norco 10-325 mg, and Naproxen 500 mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41, 64.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Cyclobenzaprine (Flexeril®) is recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended. The MTUS Chronic Pain Guidelines state antispasmodics are used to decrease muscle spasms. The medical records did not document the presence of muscle spasm on examination, and do not establish the patient presented with exacerbation unresponsive to first-line interventions. Furthermore, chronic use of muscle relaxants is not recommended by the MTUS Chronic Pain Guidelines. Consequently, the request for Cyclobenzaprine is not medically necessary and appropriate.

### **TEROCIN PAIN PATCH BOX (10 PATCHES) #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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

**Decision rationale:** Terocin patches contain lidocaine and menthol. The MTUS Chronic Pain Guidelines state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The MTUS Chronic Pain Guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records provided for review do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is therefore not medically necessary and appropriate.

### **TEROCIN 240 ML: CAPSASIN 0.025%-METHYLSALYCILATE 25% MENTHOL 10% LIDOCAINE 2.5 %: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Lidocaine is recommended for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica. The patient's diagnoses are neck/thoracic/lumbar sprain/strains and left shoulder internal derangement. The medical does not establish a diagnosis of diabetic neuropathy or neuropathic pain. Capsaicin is appropriate and medically necessary for patients that are intolerant to first-line therapies, which is not the case for this patient. The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is therefore not medically necessary and appropriate.

**FLURBI (NAP) CREAM-LA 180 GMS: FLUBIBROFEN 20%-LIDOCAINE 5%-AMYTRIPTYLINE 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Lidocaine is recommended for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica.) The patient's diagnoses are neck/thoracic/lumbar sprain/strains and left shoulder internal derangement. The medical do not establish a diagnosis of diabetic neuropathy or neuropathic pain. The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical necessity of this compounded topical product is not established. As such, the request is not medically necessary and appropriate.

**GABACYCIOTRAM 180GMS: GABAPENTIN 10%-CYCLOBENZAPRINE 6%-TRAMADOL 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, Gabapentin is not recommended. There is no peer-reviewed literature to support use. Cyclobenzaprine is a central muscle relaxant which is also not recommended as there is no evidence of using any other muscle relaxant as a topical product. The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request is not medically necessary according to the guidelines.

