

<b>Case Number:</b>	CM14-0008017		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Sports Medicine 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 injured worker is a 27 year old male with a reported date of injury on 07/01/2013. The injury reportedly occurred when the worker was carrying furniture backwards down a flight of stairs. The injured worker complained of pain rated 5-6/10. The injured worker's lumbar spine range of motion revealed flexion to 45 degrees, extension to 10 degrees and motor strength reported as 4/5 bilaterally. The injured worker's diagnoses included lumbar strain with radiculopathy. The injured worker's medication regimen included tramadol, ibuprofen, soma, cyclobenzaprine and thermacare patches. The request for authorization for prednisone 10mg 2 TID x3 days and terocin cream 1gm QID topical was submitted on 01/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PREDISONE 10MG 2 TID X3 DAYS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Corticosteroids.

**Decision rationale:** ACOEM states oral corticosteroids are not recommended in for the treatment of low back disorders. The Official Disability Guidelines note patients should have clear-cut signs and symptoms of radiculopathy. Risks of steroids should be discussed with the patient and documented within the record and the patient should also be aware of the evidence that research provides limited evidence of effectiveness of the medication. The guidelines also note current research indicates early treatment is most successful and treatment in the chronic phase of the injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The documentation provided lacks a clear rationale for the request for prednisone, beyond the injured worker's complaint of lumbar pain. It was unclear if the injured worker had a symptom free period followed by an exacerbation of symptoms. Therefore, the request for prednisone 10mg 2 TID x3 days is not medically necessary and appropriate .

**TEROCIN CREAM 1 GM QID TOPICAL:** Upheld

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

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

**Decision rationale:** Terocin is comprised of methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The CA MTUS guidelines recommend capsaicin at a 0.025% formulation. The guidelines note Lidocaine in the formulation of a dermal patch is approved; however, no other topical formulation of lidocaine is recommended by the guidelines. The CA MTUS guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. It did not appear the injured worker had not responded to or was intolerant of their medications. As the guidelines do not recommend any other topical formulations of Lidocaine other than Lidoderm, the compounded medication would not be indicated. Therefore, the request for Terocin cream 1 GM QID topical is not medically necessary and appropriate.