

<b>Case Number:</b>	CM14-0104587		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/12/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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:

The injured worker is a 42-year-old-female who sustained an industrial injury on 10/12/09. The mechanism of injury was not provided for review. She complains of a lot of pain. On examination, there is bilateral shoulder impingement, bilateral trapezius spasm, and diminished sensation in both hands. An MRI of the bilateral elbows was done to rule out internal derangement and fracture. The injured worker has had 16 sessions of acupuncture for her bilateral upper extremities. She states that her prior acupuncture has helped her tremendously in the past and reduced her pain over 60%. She has been suffering from acute muscle spasms in the trapezius muscles. She had been trialed Zanaflex a few years ago, but this medicine was not relieving her muscle spasms, so she was given Flexeril. The recommendations included Flexeril, Neurontin, bilateral wrist splints and topical terocin. Diagnoses included bilateral myofascial pain, repetitive strain injury and rotator cuff syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Per the California MTUS Chronic Pain Medical Treatment Guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course; chronic use of muscle relaxants is not recommended by the guidelines. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In this case, the medical records do not demonstrate the injured worker presented with exacerbation unresponsive to first-line interventions. There is no documentation of any significant improvement in pain or function with continuous use. Therefore, the medical necessity for Flexeril is not established.

**Neurontin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** Neurontin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There are little to no subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. There are no signs or symptoms of neuropathy. Furthermore, there is no documentation of any significant improvement in pain or function with continuous use. Therefore, the medical necessity of Neurontin has not been established.

**Terocin Patches #30:** Upheld

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

**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 guidelines state that lidocaine may be recommended only in the formulation of Lidoderm patches for localized peripheral pain after there has been evidence of a trial of first-line therapy. The guidelines state that 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 do not establish this topical patch is appropriate and medically necessary for this injured worker. The request for Terocin patches is not medically necessary.