

<b>Case Number:</b>	CM14-0169713		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/23/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 51 year old female who sustained an injury on 08/23/14 while she was working on a fitness ball. The ball popped and she landed on her head. The clinical note from 09/17/14 was reviewed. She sustained an injury to head, neck, wrists, low back, right ankle, foot and toes. She had x-rays and was given medications. She was also provided with splint. Her subjective complaints included headaches, burning, radicular neck pain that was 7/10, worse with looking up and down and side to side with numbness and tingling of the bilateral upper extremities. She also had burning bilateral wrist pain, burning radicular low back pain and burning right ankle, foot and toe pain. Pain was worse with activities and better with medications, rest and activity restrictions. Pertinent examination findings included tenderness to palpation at the occiput, trapezius, sternocleidomastoid and levator scapula muscles. The range of motion of neck was decreased with tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. Wrist strength was decreased at 3/5 bilaterally. Sensory examination was slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities, motor strength was 4/5 in bilateral upper extremities with 2 + deep tendon reflexes. She was noted to be walking with a cane, with tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. She had effusion at right ankle, with tenderness to palpation over the medial and lateral malleolus. Sensation was decreased at the L4, L5 and S1 dermatomes in the right lower extremity. Diagnoses included headaches, cervical spine strain/sprain, bilateral wrist sprain/strain, low back pain, rule out cervical and lumbar radiculopathy, lumbar sprain/strain, right ankle sprain/strain and right toe/foot pain. The plan of care included x-rays of the cervical and lumbar spine, bilateral wrists and right ankle/foot/toes, TENS unit, physical therapy and acupuncture, shockwave therapy, MRI of the cervical and lumbar spine, EMG/NCV

of the bilateral upper and lower extremities, Terocin patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream.

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

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

#### **One month supply of Tabradol: Upheld**

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

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

**Decision rationale:** Tabradol is Cyclobenzaprine in oral suspension. According to MTUS, Chronic Pain Medical Treatment guidelines, Cyclobenzaprine is recommended as a short course therapy for pain up to 2-3 weeks. The request had no information on the dosing and duration. Additionally it is not clear why an oral suspension was prescribed instead of the tablet form. Given the absence of further information on the duration of treatment and the absence of explanation as to why an oral suspension is needed as opposed to the more commonly used tablet form, the guideline criteria have not been met. The request for Tabradol is not medically necessary or appropriate.

#### **Cyclobenzaprine topical Gel: 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): 113.

**Decision rationale:** According to MTUS guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, muscle relaxants are not recommended topically. Hence medical necessity for topical Cyclobenzaprine is not met.

#### **One month supply of Ketoprofen Cream: 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): 112-113.

**Decision rationale:** According to MTUS, Chronic Pain Medical Treatment guidelines, topical Ketoprofen is not currently FDA approved due to its extremely high incidence of photo contact dermatitis. Hence the request for topical Ketoprofen is not medically necessary or appropriate.

**Three month supply of Terocin Patches:** 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): 112-113.

**Decision rationale:** According to MTUS guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin has Menthol and Lidocaine 4%. Topical Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with anti-depressants or anti-epileptic drugs. Formulations that do not involve a dermal patch system, like Lidoderm patch, are generally indicated as local anesthetics and anti pruritis. The employee had no diagnoses of neuropathic pain. In addition, there is not enough documentation that pain is not responding to first line medications. Hence Terocin patches are not medically necessary or appropriate.