

<b>Case Number:</b>	CM14-0185414		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; a TENS unit; corticosteroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 9, 2014, the claims administrator denied topical LidoPro and topical Terocin outright while partially approving a request for Flexeril. The applicant's attorney subsequently appealed. In an October 22, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain status post recent cervical epidural steroid injection therapy and status post recent lumbar radiofrequency ablation procedure. 6-7/10 pain was reported. The applicant was having difficulty performing household chores, exercising, shopping, and working owing to ongoing pain complaints, it was acknowledged. Neurontin, Prilosec, and tramadol were endorsed. Another epidural steroid injection was endorsed. The applicant was placed off of work, on total temporary disability. In a separate progress note dated October 21, 2014, a second treating provider noted that the applicant had been off of work since 2013 with no improvement to date. The applicant was given LidoPro cream and Terocin patches. It was stated that the applicant had enough Flexeril at present. The attending provider stated that the applicant was able to perform minimal chores, such as making her bed, sweeping, and mopping, all of which she did gingerly, secondary to pain. A shoulder corticosteroid injection was performed. On October 15, 2014, it was once again acknowledged that the applicant was not working. The attending provider apparently appealed the previously denied Terocin, LidoPro, and Flexeril. The applicant was asked to pursue 12 sessions of physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro lotion 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin; Topical Analgesics Page(s): 28; 111.

**Decision rationale:** LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the primary ingredient in the compound, is recommended only as a last-line option in applicants who have not responded to or are intolerant of other treatments. Here, the applicant's ongoing usage of various first-line oral pharmaceuticals, including the tramadol endorsed on October 22, 2014, effectively obviates the need for the capsaicin component of the LidoPro compound. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Terocin patch #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is using a variety of other agents, including oral tramadol and oral Neurontin as well as several topical compounded drugs. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril (cyclobenzaprine) proposed here is at odds to the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 10/06/14)

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is using a variety of other agents, including oral tramadol and oral Neurontin as well as several topical compounded drugs. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril (cyclobenzaprine) proposed here is at odds to the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.