

<b>Case Number:</b>	CM14-0032991		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 56 year old female with a date of injury on 8/5/2003. Diagnoses include shoulder impingement syndrome, bilateral carpal tunnel syndrome, right trochanteric bursitis, discogenic lumbar condition, right and left knee internal derangement. Subjective complaints are of continued pain with multiple locations including both wrists at the carpal tunnel, right shoulder, low back, right trochanteric region, and both knees. Physical exam reveals tenderness to the bilateral knees, with right knee weakness to flexion, and decreased range of motion in the right hip. Patient is s/p (status post) left carpal tunnel release on 3/26/12, right shoulder surgery in 2004, and right knee surgery in 2006. Medications include Flexeril 7.5mg, Vicodin 7.5mg, Terocin patches, and Soma 350mg. Other treatment modalities have included TENS, braces, and knee steroid injections. Submitted documentation does not indicate evidence of muscle spasm, pain relief or functional improvement with medication regimen, or evidence of opioid risk assessment or urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 TABLETS OF VICODIN 7.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. For this patient, there is no documentation of efficacy with usage, nor a measurable decrease in patient's pain or increase in functional ability. For this patient, there is also no documentation presence of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Therefore, the request of 90 tablets of Vicodin 7.5mg is not medically necessary and appropriate.

**60 TABLETS OF FLEXERIL 7.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN); CYCLOBENZAPRINE (FLEXERIL(R)).

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

**Decision rationale:** CA MTUS guidelines indicate that the use of cyclobenzaprine (flexeril) should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using a muscle relaxer chronically which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that shows evidence of muscle spasm or that the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested 60 tablets of Flexeril 7.5mg is not medically necessary.

**60 TABLETS OF SOMA 350MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISPRODOL (SOMA (R)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISPRODOL Page(s): 29.

**Decision rationale:** CA MTUS does not recommend carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used carisoprodol chronically, which is not consistent with current guidelines. Therefore, the request for 60 tablets of Soma 350mg is not medically necessary.

**20 TEROGIN 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): 111-113.

**Decision rationale:** Terocin is a compounded medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Terocin not being in compliance to current use guidelines the request for 20 Terocin Patches is not medically necessary and appropriate.