

<b>Case Number:</b>	CM14-0036502		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/03/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 and is licensed to practice in Nevada. 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 62-year-old who was reportedly injured on August 3, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 24, 2014, indicated that there were ongoing complaints of low back pain. There were no complaints of any lower extremity radicular symptoms. Current medications were stated to include Flexeril, Protonix, tramadol and terocin patches. No physical examination was performed. Diagnostic imaging studies reported an anterior lumbar interbody fusion at L4-L5 and L5-S1 with intact hardware and a solid arthrodesis. Previous treatment included a lumbar spine laminectomy from L3 through S1 as well as a decompression and fusion at L4-L5 and L5-S1. A request was made for Protonix, cyclobenzaprine, tramadol, and Terocin patches and was not certified in the pre-authorization process on May 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix (Pantoprazole Sodium DR) 20mg, sixty count with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular. Decision based on Non-MTUS Citation Laine 2006, 2007Scholmerch 2006Nielsen 2006Chan 2004Gold 2007.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** Protonix (pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There was no indication in the record provided of a GI disorder. Additionally, the injured employee did not have a significant risk factor for potential GI complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, the request for Protonix (Pantoprazole Sodium DR) 20mg, sixty count with three refills, is not medically necessary or appropriate.

**Flexeril (Cyclobenzapine) 7.5mg, ninety count with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64, 68-69, 93-94, 105, 112-113. Decision based on Non-MTUS Citation Tofferi 2004Browning 2001Kinkade 2007Toth 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee did not have any complaints of acute exacerbations, nor were there any spasms present on physical examination. For these reasons, this request for Flexeril (Cyclobenzapine) 7.5mg, ninety count with three refills is not medically necessary or appropriate.

**Ultram (Tramadol) 50mg, sixty count with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Ortho-McNeil 2003Lexi-Comp 2008.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82,113.

**Decision rationale:** The California Chronic Pain Treatment Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the clinical presentation and lack of documentation of functional improvement with tramadol, the request for Ultram (Tramadol) 50mg, sixty count with three refills, is not medically necessary or appropriate.

**Terocin topical lotion 120ml with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Argoff 2006Dworkin 2007Khaliq-Cochrane 2007Knorthova 2007Lexi-Comp 2005Scudds 1995.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** Terocin patches are a compound consisting of methyl salicylate, capsaicin, menthol and lidocaine. The California Medical Treatment Utilization Schedule chronic pain medical treatment guidelines notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the injured employee has not attempted a trial of either of these classes of medications. It is stated, that when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request for Terocin topical lotion 120ml with one refill is not medically necessary or appropriate.