

<b>Case Number:</b>	CM14-0045281		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Oklahoma. 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 50-year-old female who reported an injury on 03/02/2011 due to an unspecified work related injury. The injured worker complained of lower back and neck pain. The injured worker had diagnoses of cervical discopathy and lumbar discopathy. Past treatments included cortisone injections to the cervical region, physical therapy, and medication. The physical examination dated 02/24/2014 of the cervical spine revealed paravertebral muscle spasms, positive axial loading compression, generalized weakness and numbness and dermatomal overlap to the upper extremities. The examination of the lumbar spine revealed tenderness to the mid and distal lumbar segment with pain to the terminal motion. Seated nerve root test was positive and dysesthesia at the L5 and S1 dermatomes. Medications included Celexa, ibuprofen, Lyrica, Norco, Nucynta, Valium, and Robaxin. No VAS was provided. The Request for Authorization dated 07/27/2014 was submitted with documentation. The request for sumatriptan succinate and Terocin patch was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatriptan Succinate 25mg #9 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Migraines

**Decision rationale:** The California MTUS/ACOEM does not address. The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. The clinical notes did not indicate the injured worker had a diagnoses, history or complaints of migraine headaches. The request did not address the frequency. As such, the request is not medically necessary.

**Terocin Patches #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Lidocaine Page(s): 105; 111-112.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The request did not indicate the frequency or dosage. As such, the request is not medically necessary.