

<b>Case Number:</b>	CM14-0048263		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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, 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:

According to the records made available for review, this is a 54-year-old male with a 5/13/08 date of injury. At the time (3/31/14) of the request for authorization for Terocin Patch #10 DOS 2/3/14 and Cyclobenzaprine 7.5mg #30 DOS 2/3/14, there is documentation of subjective (persistent neck and low back pain, radiation of pain and numbness down both arms to hands and radiation of pain and numbness down both legs to feet, he reports medications increase his walking distance by about 20 minutes and increase his sleep by 30 min to an hour) and objective (gait is antalgic; palpation of the cervical, thoracic, and lumbar spines reveal bilateral paraspinous tenderness; range of motion of the cervical, thoracic, and lumbar spines is decreased in all planes; decreased left C5 and C6 dermatomes to pinprick and light touch; decreased right L5 dermatome to pinprick and light touch; 4+/5 left deltoid, biceps, wrist extension and wrist flexion; 4/5 bilateral EHL, 4+/5 bilateral tibialis anterior, inversion, and eversion) findings, current diagnoses (cervical myofascial pain, C3-4 facet arthropathy, status post right shoulder decompression, chronic headaches, bilateral lumbar radicular pain, chronic pain, contact and distortion of the cervical cord noted at C3-4, and severe neural foraminal narrowing L2-5), and treatment to date (medication including ongoing use of Terocin patch and Cyclobenzaprine). Regarding Cyclobenzaprine 7.5mg #30 DOS 2/3/14, there is no documentation of the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #10 DOS 02/03/14:** 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 patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical myofascial pain, C3-4 facet arthropathy, status post right shoulder decompression, chronic headaches, bilateral lumbar radicular pain, chronic pain, contact and distortion of the cervical cord noted at C3-4, and severe neural foraminal narrowing L2-5. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Patch #10 DOS 2/3/14 is not medically necessary.

**Cyclobenzaprine 7.5 mg #30 DOS: 02/03/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS 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, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical myofascial pain, C3-4 facet arthropathy, status post right shoulder decompression, chronic headaches, bilateral lumbar radicular pain, chronic pain, contact and distortion of the cervical cord noted at C3-4, and severe neural foraminal narrowing L2-5. In addition, there is documentation an increase in activity tolerance with use of Cyclobenzaprine. However, given documentation of ongoing use of Cyclobenzaprine, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg #30 DOS 2/3/14 is not medically necessary.

