

<b>Case Number:</b>	CM14-0082044		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This is a 56 year old injured male worker with a date of injury 12/13/10 with related back pain. Per progress report dated 6/23/14, the injured worker reported persistent back pain rated 9/10 in intensity and neck pain 9/10 in intensity. The injured worker also reported severe left knee pain. MRI of the cervical spine dated 6/23/14 revealed herniated nucleus pulposus at C2-C3, C3-C4, C4-C5, C5-C6 with central canal stenosis. There is Neural Foraminal narrowing and was apparent at multiple levels. He was scheduled for bilateral medial branch block 7/11/14. The injured worker has been treated with injections, chiropractic manipulation, acupuncture, home exercise program, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin pain patch #10:** 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): 25, 60, 105, 111-113. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality (AHRQ).

**Decision rationale:** Terocin is capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. Capsaicin may have an indication for chronic lower back pain (LBP) in this context. Per MTUS (p 112) Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). Regarding topical lidocaine, MTUS states (p 112) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995). Per MTUS (p 25) Boswellia Serrata Resin is not recommended for chronic pain. Terocin patches contain menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to not recommend. Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on (pg 111): Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS (p 60) states; "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change." A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary.

**Flexeril 7.5mg:** Overturned

**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 Muscle Relaxants, page(s) Page(s): 63-64.

**Decision rationale:** In regards to muscle relaxants, the MTUS CPMTG states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In regards to

Cyclobenzaprine: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Per the documentation submitted for review, the injured worker was experiencing worsening pain 6/2014. Per 6/24/14 progress report, the injured worker reported that his medications help decrease his pain from 9/10 to 6.5-7/10, help him with activities of daily living by about 80% and increase his ability to walk by approximately 30 minutes, still with pain. The request is medically necessary.