

<b>Case Number:</b>	CM14-0088390		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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:

The injured worker is a 28-year-old female who reported an injury on 05/28/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her cervical spine. The injured worker was evaluated on 04/04/2014. It was noted that the injured worker's medications included Vicodin, LidoPro lotion, Terocin patches, and Flexeril. It was noted that the injured worker's treatment history included medications and a home exercise program. Physical findings included restricted range of motion of the cervical spine secondary to pain. The injured worker's diagnoses included cervical sprain with headaches and shoulder impingement; discogenic lumbar condition; left rib cage contusion; and element of depression, anxiety, insomnia, gastritis, and weight gain. It was noted that the injured workers medications to include Vicodin, LidoPro lotion, and Terocin patches were helpful in reducing the injured worker's pain and allowing for increased functional activities. It was also noted that the injured worker's prescription of Flexeril contributed to decreasing the intensity and frequency of muscle spasming. A request was made for refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 300 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Vicodin 300 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment of pain relief. It is noted that the injured worker has 9/10 pain. However, a VAS score is not provided to support pain relief while using medication. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Vicodin 300 mg #90 is not medically necessary or appropriate.

**Flexeril 7.5 mg #60:** 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 Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Flexeril 7.5 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review indicates that the injured worker has been taking this medication since at least 10/2013. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for management of chronic pain. Therefore, continued use of this medication would not be indicated. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 7.5 mg #60 is not medically necessary or appropriate.

**Lido-Pro Lotion 4 oz:** 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.

**Decision rationale:** The requested LidoPro lotion 4 oz is not medically necessary or appropriate. The requested medication is a compounded medication that contains menthol, methyl salicylate, capsaicin, and lidocaine. California Medical Treatment Utilization Schedule does not

recommend the use of capsaicin as a topical agent unless the injured worker has failed to respond to all other first line chronic pain management treatments. The clinical documentation does not provide any evidence that the injured worker has failed to respond to antidepressants or anticonvulsants. Therefore, the use of capsaicin in a topical formulation would not be indicated at that time. Furthermore, the California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream or gel formulation as it is not FDA approved to treat neuropathic pain. Additionally, the request as it is submitted does not provide a frequency of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested LidoPro lotion 4 oz is not medically necessary or appropriate.

**Terocin Patches #20: 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.

**Decision rationale:** The requested Terocin patches #20 is not medically necessary or appropriate. The requested medication is a topical compounded medication that contains menthol, methyl salicylate, capsaicin, and lidocaine. California Medical Treatment Utilization Schedule does not support the use of capsaicin as a topical agent unless the injured worker has failed to respond to all other first line chronic pain management treatments. The clinical documentation submitted for review fails to provide any evidence that the injured worker has not responded to first line medications to include antidepressants and anticonvulsants. Therefore, the use of capsaicin in a topical formulation would not be indicated in this clinical situation. Additionally, the request as it is submitted does not provide a frequency of treatment, dosage, or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Terocin patches #20 are not medically necessary or appropriate.