

Case Number:	CM14-0201923		
Date Assigned:	12/12/2014	Date of Injury:	06/02/2014
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab 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 patient sustained an injury on 6/2/14 while employed by [REDACTED]. Request(s) under consideration include Terocin 120mg, 4oz, Omeprazole 20mg #60, and Cyclobenzaprine HCl 7.5mg #30. Diagnoses include low back pain/ lumbar sprain/ lumbar discogenic syndrome/ and lumbosacral neuritis. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/17/14 from the provider noted patient for follow-up with E-stim trial; has continued low back pain radiating to legs with associated numbness and tingling; low back pain sometimes radiates up to his neck; been using medications and denies side effects. Exam only documents "pulse of 73; clean/dry/intact and +TTP lumbar psm." Treatment for PT, medications, and MRI and EMG BLE. The patient is working with restrictions. Hand-written report of 10/15/14 from the provider noted the patient with continued ongoing low back pain radiating to the lower extremity. Exam showed unchanged limited findings of tenderness. Treatment plan included MRI of lumbar spine. The request(s) for Terocin 120mg, 4oz, Omeprazole 20mg #60, and Cyclobenzaprine HCl 7.5mg #30 were non-certified on 10/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120mg, 4oz: 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: Request(s) under consideration include Terocin 120mg, 4oz, Omeprazole 20mg #60, and Cyclobenzaprine HCl 7.5mg #30. Diagnoses include low back pain/ lumbar sprain/ lumbar discogenic syndrome/ and lumbosacral neuritis. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/17/14 from the provider noted patient for follow-up with E-stim trial; has continued low back pain radiating to legs with associated numbness and tingling; low back pain sometimes radiates up to his neck; been using medications and denies side effects. Exam only documents "pulse of 73; clean/dry/intact and +TTP lumbar psm." Treatment for physical therapy (PT), medications, and MRI and electromyogram (EMG) bilateral lower extremities (BLE). The patient is working with restrictions. Hand-written report of 10/15/14 from the provider noted the patient with continued ongoing low back pain radiating to the lower extremity. Exam showed unchanged limited findings of tenderness. Treatment plan included MRI of lumbar spine. The request(s) for Terocin 120mg, 4oz, Omeprazole 20mg #60, and Cyclobenzaprine HCl 7.5mg #30 were non-certified on 10/30/14. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia Serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical Lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there documented intolerance to oral medication as the patient is currently taking several oral prescriptions. The Terocin 120mg, 4oz is not medically necessary and appropriate.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Request(s) under consideration include Terocin 120mg, 4oz, Omeprazole 20mg #60, and Cyclobenzaprine HCl 7.5mg #30. Diagnoses include low back pain/ lumbar sprain/ lumbar discogenic syndrome/ and lumbosacral neuritis. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/17/14 from the provider noted patient for follow-up with E-stim trial; has continued low back pain radiating to legs with associated numbness and tingling; low back pain sometimes radiates up to his neck; been using medications and denies side effects. Exam only documents "pulse of 73; clean/dry/intact and

+TTP lumbar psm." Treatment for patient includes medications, MRI and EMG BLE. The patient is working with restrictions. Hand-written report of 10/15/14 from the provider noted the patient with continued ongoing low back pain radiating to the lower extremity. Exam showed unchanged limited findings of tenderness. Treatment plan included MRI of lumbar spine. The request(s) for Terocin 120mg, 4oz, Omeprazole 20mg #60, and Cyclobenzaprine HCl 7.5mg #30 were non-certified on 10/30/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #60 is not medically necessary and appropriate.

Cyclobenzaprine HCl 7.5mg #30: 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): 128.

Decision rationale: Request(s) under consideration include Terocin 120mg, 4oz, Omeprazole 20mg #60, and Cyclobenzaprine HCl 7.5mg #30. Diagnoses include low back pain/ lumbar sprain/ lumbar discogenic syndrome/ and lumbosacral neuritis. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/17/14 from the provider noted patient for follow-up with E-stim trial; has continued low back pain radiating to legs with associated numbness and tingling; low back pain sometimes radiates up to his neck; been using medications and denies side effects. Exam only documents "pulse of 73; clean/dry/intact and +TTP lumbar psm." Treatment for patient includes medications, MRI and EMG BLE. The patient is working with restrictions. Hand-written report of 10/15/14 from the provider noted the patient with continued ongoing low back pain radiating to the lower extremity. Exam showed unchanged limited findings of tenderness. Treatment plan included MRI of lumbar spine. The request(s) for Terocin 120mg, 4oz, Omeprazole 20mg #60, and Cyclobenzaprine HCl 7.5mg #30 were non-certified on 10/30/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of June 2014. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine HCl 7.5mg #30 is not medically necessary and appropriate.