

<b>Case Number:</b>	CM14-0023644		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Internal 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:

The injured worker is a 74-year-old male who reported an injury due to a backwards fall on 06/05/2002. On 03/10/2014, his diagnoses included sprain of the lumbar region, lumbar spinal stenosis, and lumbar disc displacement. His complaints included low back pain and bilateral leg pain and numbness. Upon examination, it was noted that he had tenderness and spasms with decreased range of motion of the lumbar spine. There was decreased sensitivity from L5-S1. His medications included Flexeril 7.5 mg, Protonix 20 mg, Voltaren XR 100 mg, and 2 topical compounds that were illegible due to poor reproductive quality. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg # 90 and 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antispasmodics Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients

with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. Based on the submitted documentation, this injured worker has been using Flexeril for greater than 9 months, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration specified in the request. Therefore, this request for Flexeril 7.5 mg # 90 and 1 refill is not medically necessary.

**Protonix 20 mg # 60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines suggest that proton pump inhibitors, which include Protonix, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Factors determining if a patient is at risk for gastrointestinal events includes age greater than 65 years, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. Protonix is recommended to treat gastroesophageal reflux disease and damage to the esophagus (esophagitis), helicobacter infections and high levels of acid in the stomach caused by tumors. This injured worker did not have any of the above diagnoses/conditions. The only one of the qualifying criteria for risk for gastrointestinal events met by this worker was his age, being greater than 65 years. He did not meet any of the other qualifying criteria. Additionally, the requested did not specify frequency of administration. Therefore, this request for Protonix 20 mg # 60 with 2 refills is not medically necessary.

**Voltaren XR 100 mg # 60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions, such as osteoarthritis and other nociceptive pain. They are recommended as an option for short term symptomatic relief of chronic low back pain. NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants.

Diclofenac is recommended for osteoarthritis and ankylosing spondylitis. It was noted in the submitted documentation that this injured worker has been using Voltaren XR for more than 9 months, which exceeds the recommendations in the guidelines. Additionally, there was no evidence that this injured worker had either osteoarthritis or ankylosing spondylitis. Furthermore, there was no frequency of administration specified in the request. Therefore, this request for Voltaren XR 100 mg # 60 with 2 refills is not medically necessary.

**Terocin topical lotion 120 mg with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Medications Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines refer to topical analgesics as largely experiment with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin lotion contains methyl salicylate, capsaicin, menthol, and lidocaine. Methyl salicylate is an organic ester naturally produced in many species of plants, particularly wintergreens. It has not been evaluated by the FDA for topical use in humans. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. The guidelines do not support the use of this compound product. The body part or parts to be treated were not specified. Additionally, there was no frequency of application provided. Therefore, this request for Terocin topical lotion 120 mg with 2 refills is not medically necessary.