

<b>Case Number:</b>	CM14-0059979		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male who reported an injury on 02/28/2012. The mechanism of injury was not provided. The injured worker was noted to be utilizing Terocin patches since at least early 2014. The mechanism of injury was the injured worker was apprehending a resistive male suspect and upon forcing him to the ground, the injured worker experienced pain in his right shoulder, right hand, and left knee. The injured worker underwent physical therapy and x-rays and on 02/25/2013 underwent right shoulder arthroscopy surgery. The injured worker again underwent physical therapy postoperatively. The documentation of 04/14/2014 revealed the injured worker was utilizing Terocin patches for mild to moderate acute or chronic pains. The injured worker was utilizing tramadol for acute severe pain. The injured worker was utilizing ondansetron for nausea as a side effect to analgesic agents. The injured worker was using cyclobenzaprine for palpable muscle spasms. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 7.5MG, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide the duration of use. The efficacy was not provided. The request as submitted failed to indicate the requested date of service. Additionally, the request as submitted failed to indicate the frequency for the requested medication. As the medication is recommended for less than 3 weeks, the quantity of 120 would be more than a 3 week supply. Given the above, the request for Cyclobenzaprine HCL 7.5MG, #120 is not medically necessary.

**Ondansetron ODT 8MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron.

**Decision rationale:** The Official Disability Guidelines indicate that antiemetics are not recommended for the treatment of nausea and vomiting secondary to opioid use. The clinical documentation submitted for review indicated the injured worker was utilizing the medications for nausea secondary to opioid use. There was a lack of documentation of exceptional factors. The efficacy was not provided. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication and failed to provide the requested date of service. Given the above, the request for Ondansetron ODT 8MG #60 is not medically necessary.

**Terocin Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants and that the injured worker had neuropathic pain. The request as submitted failed to indicate the body part to be treated and the frequency. The requested date of service was not provided and the efficacy was not provided. Given the above, the request for Terocin patch #30 is not medically necessary.

**Tramadol HCL ER 150MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to include documentation of objective functional improvement, objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency and the date of service being requested. Given the above, the request for Tramadol HCL ER 150MG #90 is not medically necessary.