

<b>Case Number:</b>	CM15-0104752		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male, who sustained an industrial injury on 7/11/2014. He reported back pain and right leg pain from twisting to catch a cart. The injured worker was diagnosed as having lumbar strain, lumbar disc protrusion L5-S1, and insomnia. Treatment to date has included diagnostics, chiropractic, and medications. Magnetic resonance imaging of the lumbar spine (8/27/2014) noted significant straightening of the normal lumbar lordosis and a right paracentral disc extrusion/herniation, causing significant mass effect upon the right S1 nerve root. Currently (4/01/2015), the injured worker complains of low back pain, rated 5-6/10, hip pain, and difficulty sleeping due to pain. Exam of the lumbosacral spine noted stiffness and tenderness to palpation, mostly on the right side at L4-5, and positive straight leg raise test on the right. Sensation was intact and deep tendon reflexes were 1+ in the bilateral knees and ankles. Current medication regime was not noted. The treatment plan included Terocin for local application and Eszopiclone for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin ointment quantity 120gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in July 2014 and continues to be treated for low back pain. He has difficulty sleeping due to pain. When seen, pain was rated at 5-6/10. There was lumbar spine tenderness with positive right straight leg raising. The claimant's BMI is nearly 29. No other medications were being prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, when prescribed, there is no evidence of failure or intolerance to other medications such as oral non-steroidal anti-inflammatory medication.

Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

**Eszopiclone 2mg quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Lunesta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in July 2014 and continues to be treated for low back pain. He has difficulty sleeping due to pain. When seen, pain was rated at 5-6/10. There was lumbar spine tenderness with positive right straight leg raising. The claimant's BMI is nearly 29. No other medications were being prescribed. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Whether the claimant has primary or secondary insomnia has not been determined, although the likelihood of secondary insomnia due to obstructive sleep apnea and / or secondary to poorly controlled pain appears high. If either of these was causing the claimant's sleep disturbance, then treatment for that condition could be considered. Therefore, the prescribing of eszopiclone (Lunesta) was not medically necessary.

