

<b>Case Number:</b>	CM15-0141609		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35 year old female who sustained an industrial injury on 7/14/11. She had complaints of low back pain. Treatments include: medications, activity modification, injections, chiropractic care, physical therapy, acupuncture and aqua therapy. Diagnostic testing includes: x-ray, MRI and nerve testing. Progress report dated 7-1-15 reports complaints of intractable back pain. The pain is described as sharp, stabbing, dull, aching with radiation of pain to both gluteal and lower legs. The pain is aggravated by prolonged sitting, walking, bending and twisted. She is unable to work due to the pain. The pain is relieved by heat and medications. Diagnoses include: lumbar herniated nucleus pulposus, lumbar radiculopathy and bursitis of left hip. Plan of care includes: continue Prilosec, refill medications; Terocin patch apply once per day, #30, ibuprofen 800 mg 1 three times per day, Xanax 0.25 mg 1 twice per day, Vicodin 5-300 mg 1 twice per day and start Cyclobenzaprine 5 mg 1 per day, #20 and administer urine drug test. Work status: per Qualified Medical Examiner. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 tablets of Cyclobenzaprine 5mg: Overturned**

**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 Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker is noted to have paraspinal spasms on exam. The short-term use of Cyclobenzaprine is warranted in this case. This request for 20 tablets of Cyclobenzaprine 5mg is determined to be medically necessary.

**30 Terocin pain patches with 1 refill:** 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 Section Page(s): 111-113.

**Decision rationale:** Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical Lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The available documentation does not support a diagnosis of neuropathic pain in this case, therefore, Lidocaine is not recommended. The request for 30 Terocin pain patches with 1 refill is determined to not be medically necessary.