

Case Number:	CM15-0202698		
Date Assigned:	10/19/2015	Date of Injury:	08/25/2011
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 60 year old female who sustained a work-related injury on 8-25-11. Medical record documentation on 7-9-15 revealed the injured worker was being treated for sprain-strain of the lumbar region, myofascial pain-myositis, sciatica and sprain-strain of the sacroiliac ligament. She reported pain in her back and she rated the pain a 7-9 on a 10-point scale with an average pain rating of 8 on a 10-point scale during the previous week. She reported that her pain was constant and lasted throughout the day. It was exacerbated by moving from sitting to standing, rolling in bed and taking stairs. The pain was relieved by medications. Her medication regimen included Dilaudid 4 mg, Fluoxetine 20 mg, Amitiza 24 mcg, Lorazepam 0.5 mg, Terocin lotion 120 ml, Tizanidine 4 mg (since at least 3-4-15), and Ativan 0.5 mg. Objective findings included 2+ pitting edema in the legs bilaterally. Trigger points were palpated in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally. Her left hip flexion was 3+ - 5, right hip flexion was 4- - 5, left hip extension was 3+ - 5, right knee extension was 4- - 5, left ankle dorsiflexion was 3+ - 5, and right ankle dorsiflexion was 4- - 5. She had paresthesias to light touch over the medial and lateral legs bilaterally. She had a positive sacroiliac joint compression test and slump test. Her treatment plan on 7-9-15 indicated the injured worker's Tizanidine Hcl 4 mg tablet was discontinued from her medication regimen. Documentation from 8-21-15 was not provided for review. A request for retrospective Terocin 120 ml #2 for date of service 8-11-15 and retrospective Tizanidine Hydrochloride 4 mg #2 for date of service 8-11-15 was received on 8-21-15. On 9-18-15, the Utilization Review physician determined retrospective Terocin 120 ml

#2 for date of service 8-11-15 and retrospective Tizanidine Hydrochloride 4 mg #2 for date of service 8-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin 120ml #2 DOS 8-11-15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin is composed of methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." CA MTUS guidelines state that Capsaicin, topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The indications for this topical medication are as follows: "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Retrospective Tizanidine Hydrochloride 4mg quantity 2 DOS 8-11-15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants page 66, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and

methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case, there is no evidence of muscle spasms on review of the medical records provided. There is no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. Thus, the request is not medically necessary and the recommendation is for non-certification.