

<b>Case Number:</b>	CM15-0026891		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: 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 (IW) is a 54-year-old female who sustained an industrial injury on 01/07/2011. The injury involved the back and left lower extremity. Diagnoses include lumbago. Treatment to date has included medications and epidural steroid injections. Diagnostics performed include x-rays and MRIs. According to the progress notes dated 1/26/15, the IW reported increased lower back pain and some weakness in her legs. The notes did not indicate the IW's response to previous treatments. The requested services are included in the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion x 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm.

**Decision rationale:** Based on the 1/26/15 progress report provided by the treating physician, this patient presents with increasing low back pain in the past few months, bilateral leg weakness, numbness in the plantar aspect of left foot, and a new pain radiating from her lower back to her lateral hips, lateral thighs and calves. The treater has asked for Terocin Lotion x 1 on 1/26/15. The patient's diagnosis per Request for Authorization form dated 1/28/15 is lumbar radiculopathy. The patient is s/p X-ray of the L-spine, which showed mild degenerative changes but no fractures/instability. The patient is currently taking Ibuprofen on "as-needed basis" but no indication of prior use of Terocin lotion per 1/26/15 report. The patient has been on leave from work since 1/13/15, and is temporarily totally disabled. The MTUS Guidelines page 112 on topical lidocaine states "recommended for localized peripheral pain after there has been evidence of a first-line therapy -tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch -Lidoderm- has been designed for orphan status by the FDA for neuropathic pain." No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. The MTUS has the following regarding topical creams (p111, chronic pain section): "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treater does not discuss this request in the reports provided. The records do not show a history of Terocin use. MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. Terocin cream consists of lidocaine, which is not indicated as a topical formulation by MTUS Guidelines. Therefore, the requested trial of Terocin lotion is not medically necessary.

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Soma, Carisoprodol.

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

**Decision rationale:** Based on the 1/26/15 progress report provided by the treating physician, this patient presents with increasing low back pain in the past few months, bilateral leg weakness, numbness in the plantar aspect of left foot, and a new pain radiating from her lower back to her lateral hips, lateral thighs and calves. The treater has asked for Soma 350mg #30 on 1/26/15. The patient's diagnosis per Request for Authorization form dated 1/28/15 is lumbar radiculopathy. The patient is s/p X-ray of the L-spine, which showed mild degenerative changes but no fractures/instability. The patient is currently taking Ibuprofen on "as-needed basis" but no indication of prior use of Soma per 1/26/15 report. The patient has been on leave from work since 1/13/15, and is temporarily totally disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The treater does not discuss this request in the reports provided. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, it is unknown when the patient is prescribed Soma as there are no reports provided that were dated prior to requesting progress report of 1/26/15.

Furthermore, the request for Soma quantity #30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.