

<b>Case Number:</b>	CM15-0213801		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Texas, New York, 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 applicant is represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of December 17, 2007. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve requests for oral Flexeril and topical Terocin. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 23, 2015 office visit, the applicant reported ongoing issue with chronic ankle and leg pain. The applicant was apparently working in a clerical capacity, the treating provider acknowledged. The applicant was returned to regular duty work. Motrin, Flexeril, and topical Terocin were seemingly renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using at least two other agents, oral ibuprofen and topical Terocin also at issue. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet supply of Flexeril at issue, in and of itself, represented treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Terocin Lotion 2.5-25-0.025-10% #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation U.S. NATIONAL LIBRARY OF MEDICINE TEROCIN- methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion. Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%.

**Decision rationale:** Similarly, the request for topical Terocin was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Motrin (ibuprofen) effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.