

<b>Case Number:</b>	CM15-0033219		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 54 year old female who sustained an industrial injury as a flight attendant to the lower back on January 7, 2011. A rough landing on January 13, 2105 precipitated a recurrence of increased symptoms. The injured worker was diagnosed with lumbago. According to the primary treating physician's progress report on January 26, 2015 the injured worker expresses increased low back pain with new radiation to the lateral hips, thighs and calves with associated weakness to the lower extremities. The injured worker has some chronic numbness in the plantar aspect of the lateral foot. The injured worker ambulates with a slow but steady gait. A lumbar magnetic resonance imaging (MRI) performed on February 2, 2015 demonstrated progression of lumbar degenerative disc disease most prominent at L5-S1 with interval enlargement of disc protrusion/extrusion at this level. Current medications consist of Soma and topical analgesics. Treatment modalities consist of conservative care, diagnostic studies and medication. The injured worker is on temporary total disability (TTD) and currently is on a leave of absence. The treating physician requested authorization for Terocin Lotion x1 and Soma 350mg #30. On February 3, 2015 the Utilization Review denied certification for Terocin Lotion x1. On February 3, 2015 the Utilization Review modified the request for Soma 350mg #30 to allow for one month weaning process. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion x1:** 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin lotion is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. Terocin contains lidocaine and menthol. In this case, the injured worker's working diagnosis is lumbago with bilateral lower extremity radiculopathy and weakness. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine lotion) that is not recommended is not recommended. Consequently, Terocin lotion is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin lotion is not medically necessary.

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. The Official Disability Guidelines state Soma is not recommended. In this case, the injured worker's working diagnosis is lumbago with bilateral lower extremity radiculopathy and weakness. The injured worker presents with an exacerbation of low back pain. The injured worker was doing well with epidural steroid injections and was last seen in 2012. Physical examination shows tenderness and decreased range of motion of the lower back with positive straight leg raising. Soma is a second line option for short-term treatment of acute low back pain in acute exacerbation in chronic low back pain. There is no first-line treatment (i.e. non-steroidal anti-inflammatory drugs or Tylenol)

documented in the record. Consequently, absent clinical documentation with the first line drug, Soma 350 mg #30 is not medically necessary.