

<b>Case Number:</b>	CM15-0087169		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 34-year-old female, who sustained an industrial injury on 9/6/2013. She reported tingling in the left side of her neck and back spasms after a motor vehicle accident. Diagnoses have included thoracic or lumbosacral neuritis or radiculitis not otherwise specified and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included chiropractic treatment, physical therapy and medication. According to the progress report dated 4/6/2015, the injured worker complained of lower back pain rated 5/10. She reported that medications were helping. Current medications included Cyclobenzaprine, Methoderm gel, naproxen sodium, Terocin patches and Tramadol HCL ER. Exam of the lumbar spine revealed restricted range of motion. Palpation of the paravertebral muscles revealed tenderness; a trigger point was noted on the left side. Lumbar facet loading was positive on the left side. The injured worker was to remain at modified duty. Authorization was requested for LidoPro ointment, Terocin patches and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4.5% ointment 4.5%-27.5%-0.0325%-10% #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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines are very specific regarding the recommended use of topical analgesics. Only FDA and Guideline supported topical analgesics are recommended and any compound containing an unsupported ingredient is not recommended. Lidopro 4.5% contains a form of Lidocaine that is clearly not recommended by Guidelines. There are several others over the counter ingredients included in the blend. There are no unusual circumstances to justify an exception to Guidelines. The Lidopro 4.5% ointment 4.5% 27.5%-.0325%-10% is not supported by Guidelines and is not medically necessary.

**Terocin patch 4-4% #30:** 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 rationale:** Terocin Cream and/or patches are a compounded blend of menthol plus lidocaine 4%. MTUS Chronic Pain Guidelines specifically do not support the use of lidocaine 4% for chronic pain conditions. The only topical lidocaine supported by Guidelines is Lidoderm 5%. The Guidelines specifically state that if a single ingredient is not recommended the compound be not recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.

**Cyclobenzaprine 7.5 mg #60:** 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): 64.

**Decision rationale:** MTUS Guidelines specifically state that the use of Cyclobenzaprine should be limited to 3 weeks for an initial onset of pain with muscle spasm. Longer-term use is supported only if the use is short term for distinct flare-ups. This is being prescribed for long-term daily use, which is not consistent with Guidelines, and there are no unusual circumstances to justify an exception to Guidelines. The Cyclobenzaprine 7.5% #60 is not medically necessary.