

<b>Case Number:</b>	CM13-0013829		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old with date of injury 03/04/2013. Per treater's report 07/11/2013, this patient complains of repetitive work-related injury from March 2013 with neck pain, shoulder, radiating symptoms into the upper extremities, numbness and tingling, numbness and tingling radiates to the thumb, index, and middle fingers, some weakness. Diagnostic impression was left cervical radicular early myelopathy with marked C5-C6 spinal stenosis down to almost 5 mm. Plan was that the patient needs C5-C6 and would also proceed with C6-C7 anterior cervical discectomy and fusion, bone bank and plate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexmid 7.5 mg, 30 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** This patient presents with neck and upper extremity pain with MRI demonstrating significant spinal stenosis at C5-C6 with degenerative changes. There is a request for Fexmid 7.5 mg which is a muscle relaxant or Flexeril. Despite a review of reports by ██████████



patient is doing better. The request for Prilosec 20 mg, 30 count, is not medically necessary or appropriate.

**Terocin, 120 count, to be applied to affected area four (4) times daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 111.

**Decision rationale:** This patient presents with neck pain with diffuse radiating symptoms of upper extremities, numbness and tingling. The treater has prescribed Terocin 120 to be applied to the affected area 4 times daily. It is a puzzle as to why this medication is prescribed. Review of the reports from 03/22/2013 to 11/14/2013 by various physicians would indicate that this patient is improving. As of 11/14/2013, the patient has returned to full duty. Carpal tunnel injection, epidural steroid injection of the C-spine have all improved the symptoms including physical therapy. The patient is noted to be taking ibuprofen only 200 mg benefit. There was not a progress report describing why this topical cream is being recommended. The Chronic Pain Medical Treatment Guidelines recommend lidocaine topical cream for neuropathic pain, for localized peripheral pain, after there has been evidence of trial of first-line therapy. In this patient, there is no evidence that the patient has tried other first-line therapy such as tricyclic or SNRI antidepressants or gabapentin. The Chronic Pain Medical Treatment Guidelines do not support this particular topical cream in this situation. The request for Terocin, 120 count, to be applied to affected area four (4) times daily, is not medically necessary or appropriate.

**Theramine 101.5 mg capsules, 90 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**Decision rationale:** This patient presents with chronic pain in the neck and upper extremities. The patient's symptoms appeared to have improved, and as of 11/14/2013, the patient has returned to full duty. There is a request for Theramine which is a medical food. MTUS and ACOEM Guidelines do not discuss this product, however the ODG Guidelines state under Theramine "Not Recommended." The request for Theramine 101.5 mg capsules, 90 count, is not medically necessary or appropriate.

**Voltaren XR 100mg, 30 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, NSAIDs (non-steroidal anti-inflammatory drugs) , and Anti-Inflamma.

**Decision rationale:** This patient presents with chronic neck and upper extremity symptoms. There is a request for Voltaren XR 100 mg #30. However, there are no progress reports including 119 pages of file that lists Voltaren or discusses the reason for this prescription. The review of the reports from 03/22/2013 to 11/14/2013 by various physicians would indicate that this patient's symptoms have improved. The only medication listed on these reports is ibuprofen that initially started at 600 mg and tapered down to 200 mg. Through physical therapy, cervical epidural steroid injection, and carpal tunnel steroid injection, patient's symptoms have significantly improved. As of 11/14/2013, the patient has returned to full-duty work. This request was denied by utilization review letter 07/26/2013. This letter makes reference to request for authorization dated 03/29/2013. However, [REDACTED] report 03/29/2013 does not list Voltaren XR, but this report indicates ibuprofen 600 mg "will change to ibuprofen 200 mg today." The patient's symptoms were improving on this report. When over-the-counter medication can suffice in managing this patient's pain, it is not known why the treater has prescribed Voltaren XR which is a high-dose NSAID. There are also no reports describing efficacy of this particular medication. The Chronic Pain Medical Treatment Guidelines requires documentation of pain assessment and functional improvement all with medications for chronic pain (page 60 and 61). The request for Voltaren XR 100mg, 30 count, is not medically necessary or appropriate.