

<b>Case Number:</b>	CM14-0015099		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial injury on 8/28/2012. She reported a trip and fall, landing on her bilateral hands, with subsequent pain in those areas, as well as her low back and neck. The injured worker was diagnosed as having cervical/lumbar discopathy and carpal tunnel/double crush syndrome. Past medical history was positive for gastroesophageal reflux disease. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. On 11/13/2013, the injured worker complains of persistent pain in her neck, low back, and bilateral wrists and arms. Examination of the cervical spine revealed tenderness at the cervical paravertebral muscle and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver were positive. There was painful and restricted cervical range of motion and dysesthesia at the C5 and C6 dermatomes. Examination of the bilateral upper extremities revealed tenderness at the medial, greater than lateral, epicondyle and olecranon fossa. There was positive Tinel's sign at the bilateral elbows. There were positive Tinel's and Phalen's signs at the bilateral wrists. There was pain with terminal flexion and dysesthesia at the digits. Examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles and pain with terminal motion. Seated nerve root test was positive and there was dysesthesia at the L5 and S1 dermatomes. She was able to continue working full duty and prescribed medications, including Anaprox DS, Prilosec, Flexeril, Tramadol ER, Quazepam, Terocin patch, and Methoderm gel. On 1/08/2014, her complaints and physical examination were unchanged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**QUAZEPAM 15 MG CIV, QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the Quazepam was used for sleep disturbance. Quazepam is not 1st line for insomnia and the sleep disturbance was not specified nor failure of behavioral interventions. The request for Quazepam is not medically necessary.

**METHODERM GEL 120 MG:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, there is no documentation of arthritis. In addition, the Methoderm was prescribed with Terocin which also contains NSAIDs and duplicate topical NSAIDs is not justified. There is no documentation of failure of 1st line treatment such as Tylenol. Therefore, the continued use of Methoderm is not medically necessary.

**TEROCIN PATCH QTY: 10:** 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): 111-112.

**Decision rationale:** Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved There is no documentation of arthritis. In addition, the Methoderm was prescribed with Terocin, which also contains NSAIDS, and duplicate topical NSAIDS is not justified. The request for Terocin is not medically necessary.