

<b>Case Number:</b>	CM14-0219067		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/04/2004
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female sustained work related industrial injuries on February 4, 2004. The mechanism of injury was not described. The injured worker was diagnosed and treated for carpal tunnel syndrome bilaterally, status post decompression, impingement syndrome of the shoulder on the right with evidence of SLAP lesion, ulnar impaction of the left wrist, CMC joint inflammation of the bilateral thumb, greater on the right and MP joint inflammation of the thumb, greater on the right. Treatment consisted of prescribed medications, ice/heat therapy, stretching, strengthening, consultations and periodic follow up visits. Per treating provider report dated November 24, 2014, the injured worker complained of left hand pain, wrist pain and constant shoulder pain. Objective findings revealed tenderness across the cervical paraspinal muscles, trapezius and shoulder girdle. The treating physician prescribed services for Terocin Patches #20, Lidopro ointment 121gm, and Cyclobenzaprine 7.5mg tablet (Flexmid) #60, now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescriptions for Terocin Patches #20, Lidopro ointment 121gm, and Cyclobenzaprine 7.5mg tablet (Flexmid) #60, requested on November 28, 2014. Upon review of the clinical information, UR non-certified the request for Terocin Patches #20, noting Terocin is not clearly indicated for chronic pain and the injured worker has not had a trial of first line therapy to support medical necessity and the recommendation of the MTUS guidelines. UR non-certified Lidopro ointment 121gm, noting the lack of significant improvement in the patient's range of motion with the utilization of this medication, lack of end goal therapy and the recommendations of the MTUS guidelines. UR modified the request for Cyclobenzaprine to Cyclobenzaprine 7.5 mg tablet (Flexmid) #30,

noting a short-term improvement in clinical outcomes and the recommendations of the MTUS and the Official Disability Guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of Terocin Patches #20, Lidopro ointment 121gm, and Cyclobenzaprine 7.5mg tablet (Flexmid) #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidopro ointment 121gm, unknown length of need: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Topical Salicylate, and Topical Analg. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Salicylate topicals

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the 11/24/2014 report, this patient presents with a lot of pain in the left hand and wrist and constant shoulder pain. The current request is for Lidopro ointment 121gm, unknown length of need. The request for authorization is on 11/24/2014. The patient's work status is currently working as tolerated. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request IS NOT medically necessary.

#### **Terocin patches #20, unknown length of need: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Topical Salicylate, and Topical Analg. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Salicylate topicals

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the 11/24/2014 report, this patient presents with a lot of pain in the left hand and wrist and constant shoulder pain. The current request is for Terocin patches #20 unknown length of need. The request for authorization is on 11/24/2014. The patient's work status is currently working as tolerated. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient presents with shoulder, hand and wrist pains that are peripheral and localize but it is not neuropathic. The

treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed and the location of trial of the lidoderm patches is not stated. The MTUS does not support the use of Terocin patch without documentation of neuropathic pain that is peripheral and localized. The current request IS NOT medically necessary.

**Cyclobenzaprine (Flexmid) 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Topical Salicylate, and Topical Analg. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Salicylate topicals

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** According to the 11/24/2014 report, this patient presents with a lot of pain in the left hand and wrist and constant shoulder pain. The current request is for Cyclobenzaprine (Flexmid) 7.5mg #60. The request for authorization is on 11/24/2014. The patient's work status is currently working as tolerated. For muscle relaxants for pain, the MTUS Guidelines page 63 state recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #60 and it is unknown exactly when the patient initially started taking this medication. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.