

<b>Case Number:</b>	CM15-0013020		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: 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:

The injured worker is a 37-year-old male who reported an injury on 11/18/2014 after pulling a heavy object. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, activity modifications, and medications. The injured worker's diagnoses included lumbosacral sprain/strain and lumbar disc protrusion. The injured worker was evaluated on 12/03/2014. It was documented that the injured worker complained of low back pain. The injured worker's treatment plan included continuation of medications, an orthopedic followup, modified work duty, and continuation of physical therapy. No Request for Authorization or medication history was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

**Decision rationale:** The requested cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the short term use of muscle relaxants not to exceed 2 to 3 weeks in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has low back pain that would benefit from a muscle relaxant. However, the requested 60 pills exceed guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Additionally, the request does not include a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate.

**Norco 5/325 mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Norco 5/325 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's functional increase or pain relief resulting from the use of medications. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 5/325 mg #40 is not medically necessary or appropriate.

**Terocin Patches (Menthol %4 Lidocaine %4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The requested Terocin patches (menthol 4%/lidocaine 4%) are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of lidocaine patches after the injured worker has failed to respond to oral anticonvulsants or oral anticonvulsants are contraindicated for the injured worker. The clinical documentation submitted for review does not provide any indication that the injured worker has failed to respond to first line medications, to include antidepressants or anticonvulsants. Therefore, the use of a Terocin patch would not be supported in this clinical situation.

Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Terocin patches (menthol 4%/lidocaine 4%) are not medically necessary or appropriate.