

<b>Case Number:</b>	CM15-0110645		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	11/28/2000
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, Florida, 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(n) 41 year old female, who sustained an industrial injury on 11/28/00. She reported pain in her neck, left shoulder, back and right wrist. The injured worker was diagnosed as having a lumbar disc herniation, cervical disc herniation, right carpal tunnel syndrome and impingement syndrome. Treatment to date has included Soma, a cervical and lumbar MRI, an EMG of the bilateral upper extremities on 7/6/11 showing no abnormalities and physical therapy. Current medications include Flexeril since 3/6/15 and Terocin cream since at least 12/8/14. As of the PR2 dated 4/3/15, the injured worker reports pain in her neck, left shoulder and right wrist are unchanged. She indicated that the lower back pain has increased to 6/10 with radiation the right leg. Objective findings include a positive straight leg raise test on the right, forward flexion is 45 degrees, extension is 10 degrees and lateral flexion is 10 degrees bilaterally. The treating physician requested Terocin cream 240ml and Flexeril 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin cream 240ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Terocin. This claimant was injured now 15 years ago. There is continued subjective pain complaints in the neck, left shoulder, back and right wrist. There is objective straight leg raise on the right, and lumbar range of motion deficits. Objective, functional improvements out of the medicine use is not noted. Per the PDR, Terocin is a topical agent that contains: Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%. The MTUS Chronic Pain section notes: Salicylate topicals: Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. Topical Analgesics: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated. The request is not medically necessary under MTUS criteria.

**Flexeril 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

**Decision rationale:** This claimant was injured now 15 years ago. There is continued subjective pain complaints in the neck, left shoulder, back and right wrist. There is objective straight leg raise on the right, and lumbar range of motion deficits. Objective, functional improvements out of the medicine use is not noted. The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.