

<b>Case Number:</b>	CM15-0121461		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/01/2014
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on 01/01/2014. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having rotator cuff syndrome to right shoulder and bilateral carpal tunnel syndrome. Treatment and diagnostics to date has included right shoulder cortisone injection with some benefit, use of Transcutaneous Electrical Nerve Stimulation Unit, physical therapy, acupuncture, and medications. The IW was temporary, total disabled. In a progress note dated 03/31/2015, the injured worker presented with complaints of constant right shoulder pain rated 6 out of 10 on the pain scale and constant bilateral wrist pain with numbness and tingling rated 6 out of 10 on the right and 5 out of 10 on the left. The treating physician reported requesting authorization for Cyclobenzaprine, Naproxen Sodium, Xanax, Norco, and Terocin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine hydrochloride 7.5mg #60: Upheld**

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

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

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, Flexeril (cyclobenzaprine) is; "Recommended as an option, using a short course of therapy... The addition of cyclobenzaprine to other agents is not recommended". In regards to this claim, the documentation lacks clear evidence of muscle spasm that would require a muscle relaxant at this time. It is not clear from the records how long the IW has been taking Flexeril or response to this medication. Finally, the request does not include dosing or frequency. Therefore, based on the Guidelines and the submitted records, the request for cyclobenzaprine is not medically necessary.

**Naproxen sodium 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Per California MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are; "Recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors". There is no evidence that the injured worker had received a trial of acetaminophen as the first-line treatment. In addition, the guidelines support NSAIDs as an option for short-term symptomatic relief. The request does not include frequency or dosing. Therefore, based on the Guidelines and the submitted records, the request for Naproxen Sodium is not medically necessary.

**Xanax 1mg #60:** 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 California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks". This injured worker has been on a benzodiazepine since at least 01/19/2015, which is much longer than the recommended 4 weeks as suggested by CA MTUS. Therefore, based on the Guidelines and the submitted records, the request for Xanax is not medically necessary.

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.

**Terocin patch #20:** 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): 111-113.

**Decision rationale:** As per California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". Terocin ointment contains lidocaine, capsaicin, methyl-salicylate, and menthol. California MTUS also states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Any topical agent with lidocaine is not recommended if it is not Lidoderm. Therefore, based on the Guidelines and the submitted records, the request for Terocin patch is not medically necessary.