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| <b>Case Number:</b>   | CM15-0163856 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 05/09/2013 |
| <b>Decision Date:</b> | 11/30/2015   | <b>UR Denial Date:</b>       | 08/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male, who sustained an industrial injury on 5-9-2013. Medical records indicate the worker is undergoing treatment for chronic pain syndrome. A recent progress report dated 8-4-2015, reported the injured worker complained of low back pain rated 8 out of 10, depressive symptoms and poor sleep due to pain. Physical examination revealed lumbar restricted range of motion with flexion and extension limited to 5 degrees by pain with paravertebral tenderness and spinous process tenderness. Treatment to date has included chiropractic care, TENS (transcutaneous electrical nerve stimulation), acupuncture, psychological treatment, cognitive behavior therapy, physical therapy, Lexapro (since at least 4-9-2015) and Terocin patches. On 8-4-2015, the Request for Authorization submitted a Retrospective request for Terocin patch 44 percent #1 tube and Lexapro 10mg #30. On 8-13-2015, the Utilization Review non-certified the request for Retrospective request for Terocin patch 44 percent #1 tube and Lexapro 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Terocin patch 44 percent #1 tube: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Lidoderm (lidocaine patch).

**Decision rationale:** The claimant sustained a work injury in May 2013 when he had low back pain while lifting as he was working as a landscaper. In October 2014, a lumbar fusion was recommended. A second orthopedic opinion in March 2015 recommended against surgery. He was seen for an evaluation for a functional restoration program May 2015. A psychological evaluation was done with findings of major depressive disorder, generalized anxiety disorder and pain disorder. When seen by the requesting provider he had low back pain rated at 8/10. He was tolerating medications. He was having side effects of dizziness, nausea, and heartburn, which were controlled. He was having ongoing difficulties sleeping. Physical examination findings included decreased and painful lumbar spine range of motion with paravertebral muscle tenderness and a tight muscle band on the left side. Strength testing was limited by pain. Medications included Lidopro. Terocin patches were prescribed. Lexapro was being prescribed for depression. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro is being prescribed with the same components, which is duplicative. This medication is not medically necessary.

**Retrospective request for Lexapro 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The claimant sustained a work injury in May 2013 when he had low back pain while lifting as he was working as a landscaper. In October 2014, a lumbar fusion was recommended. A second orthopedic opinion in March 2015 recommended against surgery. He was seen for an evaluation for a functional restoration program May 2015. A psychological

evaluation was done with findings of major depressive disorder, generalized anxiety disorder and pain disorder. When seen by the requesting provider he had low back pain rated at 8/10. He was tolerating medications. He was having side effects of dizziness, nausea, and heartburn, which were controlled. He was having ongoing difficulties sleeping. Physical examination findings included decreased and painful lumbar spine range of motion with paravertebral muscle tenderness and a tight muscle band on the left side. Strength testing was limited by pain. Medications included Lidopro. Terocin patches were prescribed. Lexapro was being prescribed for depression. In the treatment of major depression, many treatment plans start with a selective serotonin reuptake inhibitor (SSRI) such as Lexapro (Escitalopram), because of demonstrated effectiveness and less severe side effects. Most studies point to superior outcomes with this class of medications. In this case, the claimant has a diagnosis of major depressive disorder with symptoms of depression and continued prescribing of an antidepressant is medically necessary.