

<b>Case Number:</b>	CM13-0009374		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/30/2004
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 56 year old male who reported an injury on August 30, 2004. The mechanism of injury was not provided in the medical record. The most recent clinical note provided in the medical record was dated June 18, 2013. The patient complained of increased neck pain, with pain level at 9/10. The patient was also having complaints of nausea, fever, chills, urinary incontinence, constipation, stomach aches, and headaches. The patient was not receiving any physical therapy, or any other forms of therapies at the time of the visit. Upon assessment the patient was noted to have decreased sensation in left L3-S1 dermatomes, tenderness over the lumbar paraspinal, 4/5 strength to bilateral lower extremities limited by pain, and is tender to palpation of the bridge of his nose. A CT scan of the cervical spine, that was done on May 3, 2013, was reviewed at this visit and revealed disc bulges, and protrusions with mild straightening of the normal cervical lordosis. The patient was taking the following medications: Robaxin 750mg 1 tab twice a day as needed, Norco 5/325mg 1 tab 3 times a day as needed, Elavil 10mg 1 tab at bedtime, Gabapentin 600mg 1 tab 3 times a day, and Terocin cream as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 4 oz:** Upheld

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

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

**Decision rationale:** The information submitted for review fails to meet evidence based guidelines for the requested service. The California-MTUS guidelines states that medication can be recommended when a patient is not responding or intolerant to other treatments. The patient was receiving Gabapentin for neuropathic pain; an additional neuropathic analgesic is not warranted. As such, the request for Terocin lotion is not medically necessary and appropriate.

**Hydrocodone/APAP 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section.

**Decision rationale:** The information submitted for review fails to meet the evidence based guidelines for the requested service. The patient had been receiving Hydrocodone/APAP already and continued to complain of pain 9/10. The California-MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, and side effects of the medication. There is no documented pain relief. The patient continued to have complaints of 9/10 pain. As such, the request for Hydrocodone/APAP, 10/325mg, #90 is not medically necessary and appropriate.