

<b>Case Number:</b>	CM13-0031786		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Pain Medicine, has a subspecialty in Disability Evaluation 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 patient is a 43-year-old male with an 8/17/10 date of injury from a slip and fall. The 9/4/13 progress note documented ongoing neck and back pain (4-6/10) with slight improvement since the last visit. The patient also reported persistent left shoulder pain and pain and numbness radiate down both legs into the feet, right greater than left. The physical examination revealed tenderness to palpation, the cervical lumbar paraspinals with spasms; decreased range of motion in the cervical, thoracic, and lumbar spine in all planes; decreased sensation in the left C5, C6, C7, dermatomes; decreased sensation in the left L3-S1 dermatomes; motor exam was 4+/5 for bilateral deltoids, biceps, and internal/external rotators, wrist extensors and flexors, and grip strength. There was 4+/5 strength for bilateral tibialis anterior and EHL. Bilateral inversion and eversion, plantar flexion, quads, and hamstring strength was 5-/5. Straight leg testing was positive (laterality unspecified) and slump test was positive bilaterally. The patient is pending left shoulder surgery, which was certified on 8/19/13. An orthopedic consultation was requested for the ankle and foot, internal medicine consultation for the patient's GI upset with medications, pain management consult, and intralaminar epidural steroid injection were requested. Intralaminar epidural steroid injection with catheter placement at C7-T1 to target C3-4 and C5-6 levels was requested. The 8/1/13 progress note by [REDACTED] indicated complaints of bilateral shoulder pain that has shown no significant improvement. The physical exam revealed limited range of motion in bilateral shoulders, tenderness over the AC joint; positive subacromial bursitis, impingement, and O'Brien's. The patient had 4/5 strength in abduction and flexion. The patient was prescribed Norco, Prilosec, and topical Terocin cream. The 2/21/13 electrodiagnostic testing of upper and lower extremities revealed evidence of demyelinating bilateral median neuropat

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin pain patch box (10 patches): 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): 111-112.

**Decision rationale:** Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to Chronic Pain Medical Treatment Guidelines, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications and any compounded product that contains at least one drug (or drug class) that is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. Therefore the request for Terocin pain patch box (10 patches) is not medically necessary.

**Hydrocodone 5/325mg, #45: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management Page(s): 76-77.

**Decision rationale:** Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient takes a minimal amount of Norco. The notes indicate that the medications help decrease her pain and allow function. There is recommendation for pain management consultation. The patient has an ongoing workup for multiple body parts. It is highly suggested that the efficacy and compliance be documented in the records for continuation of ongoing opiate care, as per previous UR reviewer. Therefore the request for Hydrocodone 5/325mg, #45 is medically necessary and appropriate.