

<b>Case Number:</b>	CM13-0032284		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/20/2003
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 patient is a 63-year-old female who reported an injury on 5/23/03; she fell while transporting two 30 pound boxes, causing immediate neck and back pain. The patient underwent fusion surgery at the L5-S1 level. An MRI revealed degenerative disc changes with retrolisthesis at the L3-4 and postoperative changes at the L5-S1 with mild caudal left neural foraminal narrowing at the L4-5. The patient's chronic pain was managed with multiple medications, and she was monitored for aberrant behavior with urine drug screens. The patient's most recent physical exam findings reported pain relief with medications from an 8-9/10 to a 6/10. The patient's level of function is increased as a result of the medications, as well. Physical findings included limited range of motion of the lumbar spine and positive facet provocation test. There was diminished sensation in the right L4-5 and S1 dermatomes with a positive straight leg raising test bilaterally. The patient's diagnoses included status post lumbar fusion, lumbar radiculopathy, chronic neck pain, right shoulder arthralgia, and chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion, 4oz:** Upheld

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

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

**Decision rationale:** The patient has continued complaints of chronic low back pain, and it is noted within the documentation that the patient uses this medication regularly. The requested Terocin cream contains methyl salicylate, capsaicin, menthol, and lidocaine. The California MTUS recommends the use of methyl salicylate and menthol as topical agents. However, the use of capsaicin is only recommended for patients who are intolerant or unresponsive to other treatments. The clinical documentation submitted for review does not provide evidence that the patient has been unresponsive or intolerant to other treatments, such as oral analgesics. Additionally, the MTUS states that "no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Additionally, it recommends that medications for the management of chronic pain be introduced one at a time. Therefore, a compound of multiple medications would not be indicated. Also, any compounded agent with an element that is not recommended is not supported by guideline recommendations as a whole. As this medication does contain lidocaine in the form of a cream, it would not be supported by guideline recommendations.

**Hydrocodone/APAP 10/325mg, #135:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The patient has ongoing low back pain complaints and has been on this medication for an extended period of time. The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids in the management of chronic pain be supported by symptom benefit, increased functional capabilities, assessment of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review provides evidence that the patient is monitored for aberrant behavior, has increased functional benefit as a result of medication usage, and has controlled side effects and significant pain relief. Therefore, continuation of the usage of this medication would be supported.