

<b>Case Number:</b>	CM13-0044708		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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, has a subspecialty in Interventional Spine, 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:

This is a 50 year-old male with a 1/27/11 industrial injury claim. He has been diagnosed with myofascial pain syndrome in the left upper back and neck, cervical radiculitis, and chronic pain syndrome with acute muscle spasm flare-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin pain patch box:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Terocin patches contain Lidocaine and Menthol. The MTUS discusses topical Lidocaine, stating only that the dermal patch formulations are recommended for neuropathic pain. The MTUS recommends lidocaine after trials of tricyclic antidepressants, antiepilepsy drugs, or SNRIs. The records show the patient is on gabapentin and amitriptyline, and still has the 4-6/10 pain levels. The MTUS did not specifically mention menthol, but the ODG notes that Biofreeze has the active ingredient Menthol and is recommended for acute

pain. The 9/19/13 report states the diagnosis includes "acute muscle spasm flare-up", and menthol is indicated for acute conditions. The use of the Terocin patch appears to meet the MTUS and ODG guidelines. As such, the request is certified.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11, 91.

**Decision rationale:** The 9/19/13 report states that the patient's pain was between 4-6/10. He was using Norco 5/325mg up to five per day. The physician wanted to try Lyrica in place of Gabapentin, and wanted to change Norco to 10/325mg but at a maximum of four per day. The physician appears to be in the process of tailoring the medication to the patient. The MTUS states that "the physician shall be "knowledgeable regarding prescribing information and adjust the dosing [i.e. how often {frequency} and how much {intensity}] to the individual patient". The 9/19/13 report reflected the initial trial of the Norco 10/325mg, and there are no subsequent medical reports to evaluate for efficacy. The increase from Norco 5/325mg to 10/325mg appears to be in accordance with MTUS guidelines. As such, the request is certified.