

<b>Case Number:</b>	CM13-0070158		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/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 56 year old male with a date of injury on 7/30/2003. Diagnoses include plantar fasciitis, chondromalacia patella, and bilateral knee DJD. Subjective complaints are of bilateral hip, knee, and ankle/feet pain. Pain is exacerbated by standing and walking. Physical exam shows antalgic gait, right hip limited range of motion and pain in the groin. Bilateral knees show patellofemoral pain and crepitus, no laxity, and tenderness over the medial and lateral joint lines. Bilateral ankle/feet show decreased range of motion, negative Tinel's, and significant tenderness over the plantar fascia. X-ray exams reveal right knee DJD, right hip DJD, mid-foot DJD, and calcaneal and post-talar spurring. Treatments have included multiple right foot injections, HEP, bracing, and medications. Medications include Norco 5/325mg up to 3 times a day, Terocin, and docuprene. Submitted documentation indicates that patient had constipation from opioid use that was relieved with Docuprene. Medication is noted to take pain from 10/10 to 6/10 and helps with activities of daily living. Prior utilization review certified podiatry visit in 10/13, and submitted documentation shows that podiatry consultation on 12/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 5/325MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81, 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including evidence of no aberrant behavior, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**TEROCIN PATCH BOX #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 111-113, 56.

**Decision rationale:** Terocin is a compounded medication that includes methyl Salicylate, menthol, lidocaine, and capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylate has been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Terocin not being in compliance to current use guidelines the requested prescription is not medically necessary.

**PODIATRY CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127, 156.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127 as well as Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG

recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. While office visits are encouraged, this patient had just received podiatric consultation on 12/20/2013. Therefore, the medical necessity of another consultation is not established.

**DOCUPRENE 100MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation:  
<http://www.drugs.com/pro/docuprenetablets.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Other Medical Treatment Guideline or Medical Evidence: FDA: Docusate Sodium.

**Decision rationale:** The FDA recommends the use of docusate sodium for dry hard stools and occasional constipation. This patient has used this product with documented relief for episodes of constipation. Therefore, the use of this medication is consistent with guidelines and is medically necessary.

**MED PANEL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation:  
<http://www.medscape.com/viewarticle>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** CA MTUS is silent on routine laboratory testing for chronic pain patients; therefore other current guidelines were referenced. . This patient has utilized chronic opioid therapy to treat his pain Referenced guidelines indicate that chronic opioid therapy can adversely affect respiratory, gastrointestinal, musculoskeletal, cardiovascular, immune, endocrine, and central nervous systems. Due to this patient being on chronic opioid therapy, laboratory testing to evaluate renal and hepatic function are appropriate and medically necessary.