

<b>Case Number:</b>	CM14-0002367		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 35-year-old male with a reported date of injury on 12/13/2012. The mechanism of injury was not provided. The progress report dated 12/05/2013 noted that the injured worker had complaints that included mid and lower back pain rated 5/10. It was also noted that the injured worker has complaints of numbness in the left leg that extending to the ankle. The clinical note also noted that the injured worker had been taking Norco and that it had helped with the pain level and had allowed for an increase in the injured worker's level of function with no side effects. Objective findings included bilateral paraspinal tenderness and decreased range of motion in all planes over the cervical, thoracic, and lumbar spine. It was also noted that there was decreased sensation to pinprick and light touch over the left C5, C6, and C7 dermatomes. There was also decreased sensation to pinprick and light touch over the left L4, L5, and S1 dermatomes. Further exam findings included 5/5 strength in bilateral upper and lower extremities. The request for authorization forms were not provided in the available documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 5/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SHORT-ACTING/LONG-ACTING OPIOIDS Page(s): 75.

**Decision rationale:** The request for Hydrocodone/APAP 5/325 #90 is not medically necessary. The California MTUS Guidelines state that opioids may be an effective method in controlling chronic pain. The guidelines also state that ongoing management of pain related to the opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. The medical necessity for this requested medication has not been established. There is a lack of documentation provided showing quantifiable evidence that this requested medication has provided the desired therapeutic response to include approved numeric pain scales with the medication versus without. Additionally, there is lack of objective evidence that the injured worker had increased level of function with the use of this medication. Furthermore, there is no evidence of screening for appropriate drug use. As such, this request is not medically necessary.

**TEROCIN PATCHES #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**Decision rationale:** The request for Terocin patches #10 is not medically necessary. The California MTUS Guidelines state that topical analgesics may be recommended if they are approved for use, and that any compounded product that contains at least 1 drug or drug class that is not recommended, then the entire compounded product is not recommended. The guidelines also state that the only recommended and FDA-approved topical form of Lidocaine is the Lidoderm patch. As this requested medication is a non-recommended form of Lidocaine, this request is not medically necessary.