

<b>Case Number:</b>	CM14-0123549		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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 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 58 year old female who was injured on 04/06/2009. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the lumbar spine dated 12/2012 revealed degenerative disk disease and facet arthropathy with L5-S1 right paracentral protrusion and annular fissure slightly contacting the right S1 nerve root. Progress report dated 03/18/2014 indicates the patient presented with continued ongoing severe pain in her low back and bilateral lower extremities. She has increased numbness in the left lower extremity. She reported severe pain in the right lower extremity. Objective findings on exam revealed an antalgic gait. The lumbar spine range of motion is decreased in all planes. She has decreased sensation at L4, L5 and S1 on the left; Tibialis anterior, EHL, inversion and eversion 4+ bilaterally. The patient is diagnosed with lumbar radiculopathy; facet arthritis of the right L4-5 facet joints; lumbar spondylosis; lumbar degenerative disk disease. The patient has been recommended to continue Terocin Pain Patch, cyclobenzaprine 7.5 mg, hydrocodone APAP 10/325 mg, and omeprazole. The patient was also dispensed these medications on 07/16/2014 and she expressed continued pain then as well. She has also been recommended for a follow-up with spine specialist Dr. [REDACTED]. Prior utilization review dated 07/25/2014 states the request for Terocin Patches #10 x 2 Refills is denied as there was a lack of documented evidence to support the request; Cyclobenzaprine 7.5mg #30 x 2 Refills is denied as it is recommended for short term therapy; Hydrocodone/Acetaminophen 10/325mg #90 x 2 Refills is denied as there is no documented update drug screening; Senna S 8.6/50mg #60 x 2 Refills is denied as there is no documented gastrointestinal complaint; Follow-Up Pain Management Specialist (Lumbar) is modified to certify Follow-Up Ortho Spine specialist x1 office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #10 x 2 Refills: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

**Decision rationale:** According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is not medically necessary.

**Cyclobenzaprine 7.5mg #30 x 2 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cyclobenzaprine.

**Decision rationale:** According to CA MTUS, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. The guidelines state antispasmodics are used to decrease muscle spasms. The medical records did not document the presence of muscle spasm on examination, and do not establish the patient presented with exacerbation unresponsive to first-line interventions. There is no documentation of any significant improvement with prior use of this medication. Therefore, Cyclobenzaprine is not medically necessary per guidelines.

**Hydrocodone/Acetaminophen 10/325mg #90 x 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain level or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established based on guidelines and lack of documentation.

**Senna S 8.6/50mg #60 x 2 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; Opioid Induced Constipation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [https://healthy.kaiserpermanente.org/health/care/consumer/health-wellness/drugs-and-natural-medicines/drug-encyclopedia/medicine-information/!ut/p/a1/fc5Nb4JAEAbgX8NR58VFXHrjo6UrAbWSQvfSoKWREVICaYn\\_vmLpsZ3bTJ6ZeU1StrIuvo6q6I66Lqqhl\\_ZrCrHyPNMFTDGHWC95EnA-g88ooyVJVendDb8cuq65M2Dgrf1UZb2\\_TBrdlXZGSA5zERAU4tkOZRzIPtpmphk233jGuSLble9mW7fSgPzrK-76fKq1VVU73-nz9Jv8PhBE8LLc\\_YGU5HCL2H32RREC4GMHaheAx5iZcZkPYKYsWcWlitEYAJja3C-HaxtVGafTsRAyY\\_YI\\_ygU1Z35hp2xyerrffAMQu23L/dl5/d5/L2dBISEvZ0FBIS9nQSEh/](https://healthy.kaiserpermanente.org/health/care/consumer/health-wellness/drugs-and-natural-medicines/drug-encyclopedia/medicine-information/!ut/p/a1/fc5Nb4JAEAbgX8NR58VFXHrjo6UrAbWSQvfSoKWREVICaYn_vmLpsZ3bTJ6ZeU1StrIuvo6q6I66Lqqhl_ZrCrHyPNMFTDGHWC95EnA-g88ooyVJVendDb8cuq65M2Dgrf1UZb2_TBrdlXZGSA5zERAU4tkOZRzIPtpmphk233jGuSLble9mW7fSgPzrK-76fKq1VVU73-nz9Jv8PhBE8LLc_YGU5HCL2H32RREC4GMHaheAx5iZcZkPYKYsWcWlitEYAJja3C-HaxtVGafTsRAyY_YI_ygU1Z35hp2xyerrffAMQu23L/dl5/d5/L2dBISEvZ0FBIS9nQSEh/).

**Decision rationale:** MTUS/ACOEM/ODG do not address the issue. This product is used to treat constipation. It contains 2 medications: sennosides and docusate. Sennosides are known as stimulant laxatives. In this case, there is no substantial evidence of constipation. Furthermore, continued opioid therapy in this case is not recommended. Accordingly, the request is considered not medically necessary.

**Follow-Up Pain Management Specialist (Lumbar):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office Visits are Recommended as Determined to be Medically Necessary.

**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, Independent Medical Examinations And Consultations, page 503.

**Decision rationale:** As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, there is no mention of specific reason for such referral. Furthermore, there is limited information of any previous pain management procedures or recommendation. Therefore, the request is considered not medically necessary due to lack of documentation.