

<b>Case Number:</b>	CM14-0171873		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 41-year-old male with a 12/17/13 date of injury, when he was injured when an iron gate fell on him. The injured worker was seen on 5/19/14 with complaints of constant low back pain. The injured worker reported that Norco 10/325 was working better for him. Exam findings revealed bilateral lumbar paraspinal myofascial pain and positive straight leg raising test bilaterally with the L5 weakness. Per telephone conversation placed on 10/2/14 with a prescribing physician it was stated that the requested medications were the injured worker's choice and the injured worker felt that he was able to get out of bed and do his basic activities of daily living with the use of medications. The UDS test dated 4/18/14 revealed consistency with prescribed medications. The diagnosis is lumbar radiculopathy, thoracic and lumbar sprain/strain and bilateral pain in the legs. Treatment to date: bilateral lumbar transforaminal epidural steroid injection, work restrictions, muscle relaxants and medications. An adverse determination was received on 10/4/14. The request for Norco 10/325 #120 was approved and weaning was recommended. The determination letter with the rationale for Terocin patches and Terocin was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2013 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the UR decision dated 10/4/14 certified the request for Norco 10/325 #120 and weaning was recommended. Therefore, the request for Norco 10/325 #120 is not medically necessary.

**Terocin patches:** Upheld

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

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

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. CA MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been "designated for orphans status by the FDA for neuropathic pain." In addition, CA MTUS states that topical lidocaine may be "recommended 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)." However there is a lack of documentation indicating that the injured worker tried and failed first-line therapy medications for neuropathic pain. In addition, the duration of use of Terocin patches was not documented and there was a lack of documentation with subjective or objective functional gains from prior use. Lastly, the quantity was not specified in the request. Therefore, the request for Terocin patches is not medically necessary.

**Terocin lotion:** Upheld

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

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

**Decision rationale:** An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." However it is not clear for how long the injured worker has been utilizing Terocin lotion and there is a lack of documentation with subjective and objective functional gains from prior use. In addition, there is no specific rationale identifying why Terocin would be required for this injured worker despite lack of guidelines support. Lastly, the quantity was not specified in the request. Therefore, the request for Terocin lotion is not medically necessary.