

<b>Case Number:</b>	CM14-0021249		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Internal Medicine 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:

This is a 58-year-old female with a date of injury of 6/13/2012. She is a nurse who was monitoring a patient who was s/p hip pinning procedure and was in a state of delirium and the patient become combative and she experienced low back pain. On a progress report dated 2/12/2014, the patient still has some residual symptomatology in the lumbar spine related to the retained symptomatic lumbar spine hardware. The diagnostic impression is status post L4 to S1 posterior lumbar inter body fusion, and retained symptomatic lumbar spine hardware. Primary diagnosis is lumbago. Treatment to date: Medication management, PLIF from L4-S1 on 1/25/13, physical therapy, activity modification. A UR decision dated 2/7/2014 denied the request for Naproxen sodium tabs 550mg #10. This is a non-selective, non-steroidal anti-inflammatory agent which has some indication for treatment of various inflammatory conditions. There is an indication for use in the treatment of chronic pain. However, the records indicate a history of adverse GI affects and a specific notation for avoidance of NSAIDS. A UR decision dated 2/7/2014 denied the request for Terocin Patch #10. This is a topical analgesic ointment containing methyl salicylate, capsaicin, menthol, and lidocaine, an anesthetic agent. None of these agents are endorsed by the MTUS for this patient's diagnoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550MG, #10:** Upheld

**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 NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG Guidelines state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, it is documented multiple times that the patient has had adverse GI side effects from NSAIDs and has been referred to a specialist. There is no clear documentation of functional improvement from the use of Naproxen in the past to warrant continued use despite adverse side effects. Therefore, the request for Naproxen 550mg #10 was not medically necessary.

**TEROCIN PATCH #10:** Upheld

**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 Topical Analgesics and Lidocaine Page(s): 112.

**Decision rationale:** 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 (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there is no clear description of failure of a first-line agent such as gabapentin or Lyrica. There is no description of a trial of Terocin patches, with documentation of functional improvement, gains in activities of daily living, or a decrease in oral pain medication. In addition, it is not clearly stated where the patient is using the medication, the frequency, or duration of time the patient will use it. Furthermore, it was not stated where or for how long the patch was to be applied. Therefore, the request for Terocin Patch #10 is not medically necessary.