

<b>Case Number:</b>	CM14-0059753		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old male with an injury date of 08/18/2010. Based on the 04/10/2014 progress report, the patient complains of neck pain and low back pain, which he currently rates as a 6/10 to 7/10 on the pain scale. He cannot sit for more than 10 minutes before he has to stand up. He is currently taking Norco, Prilosec, and Terocin patches. These medications help alleviate his pain from a 7/10 on the pain scale to a 3/10 on the pain scale and it helps him function better. He also states that medications make him feel out of it. His range of motion of the cervical and lumbar spine is limited in all planes. The 02/13/2014 report also indicates that the patient has symptoms in his bilateral legs. The patient's diagnoses include the following: cervical stenosis; degenerative disc disease (DDD) of the cervical spine and radiculopathy; lumbar radiculopathy; multiple herniated nucleus pulposus (HNPs) of the lumbar spine; right elbow epicondylitis; and right shoulder arthralgia with impingement and bursitis. The request is for the following Hydrocodone/Acetaminophen 10/325 mg #90 and Terocin patch 1 box with 10 patches. The utilization review determination being challenged is dated 04/15/2014. Treatment reports were provided from 10/03/2013 - 04/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60, 61.

**Decision rationale:** According to the 04/10/2014 report, the patient presents with neck and low back pain. The request is for Hydrocodone/Acetaminophen 10/325 mg 90 in quantity. All of the patient's medications help alleviate his pain from a 7/10 to a 3/10 and help him improve his function. The patient has been taking hydrocodone as early as 11/14/2013. None of the reports specifically mention how hydrocodone/acetaminophen has impacted the patient. For chronic opiate use, the MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale validated instrument at least once every 6 months, and documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). Documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication must all be submitted within the documentation. There are no discussions regarding any specific functional improvements particularly to the use of Hydrocodone/Acetaminophen. Given the lack of sufficient documentation demonstrating efficacy of chronic opiate use, the patient should be weaned off as outlined in MTUS Guidelines. Recommendation is not medically necessary.

**Terocin patch, #1 box (10 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 Topical Analgesics Page(s): 111.

**Decision rationale:** According to the 04/10/2014 report, the patient presents with neck pain and low back pain. The request is for Terocin patch, 1 box with 10 patches. The patient has been using Terocin patches as early as 10/03/2013. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS for topical lidocaine states, indication: neuropathic pain recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. In this patient, while the patient has pain in the lower back, the neuropathic pain is not localized. There no evidence that this patch is being used for neuropathic pain. Recommendation is not medically necessary.