

<b>Case Number:</b>	CM14-0060603		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Nevada. 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 48-year-old female was reportedly injured on August 1, 2012. The mechanism of injury was listed as repetitive motion. The most recent progress note dated April 2, 2014, indicated that there were ongoing complaints of neck pain, bilateral shoulder pain, and bilateral wrist pain. The physical examination demonstrated decreased range of motion and tenderness of the cervical spine, shoulders, and wrists. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, chiropractic care and oral medications. A request was made for Ultracet and terocin patches and was not certified in the pre-authorization process on April 14, 2014.12915

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 mg. QTY: 60: 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 Page(s): 74-78, 88, 91.

**Decision rationale:** Ultracet is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines

support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Ultracet 37.5/325 is not medically necessary.

**Terocin Patches QTY: 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): 111-113.

**Decision rationale:** Terocin patches are a topical analgesic containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the California Medical Treatment Utilization Schedule, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for terocin patches is not medically necessary.