

<b>Case Number:</b>	CM14-0062960		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 51-year-old male with a date of injury of 02/29/2012. The listed diagnosis per [REDACTED] is lumbar radiculopathy. According to progress report 01/06/2014, the patient presents with chronic pain in the lumbar spine. He is status post series of lumbar epidural injections, which has provided short amount of improvement. The patient continues to be symptomatic and rates his pain as 8/10 on a pain scale. The treater states "Once again, we are providing the patient with refill of his medication." He goes on to state that the patient will be seen in 4 weeks to assess response to Neurontin and Norco. Report 03/13/2014 states the patient continues with low back pain with radiculopathy in the right lower extremity with numbness, tingling and weakness. "His medications will be refilled today. Lidocaine patches will also be provided for the patient so that he can use topically to help reduce his pain." This is a request for refill of hydrocodone 5/325 mg #30 with 2 refills, omeprazole 20 mg #90, and Terocin patch #10, 1 box. Utilization review denied the request on 04/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Hydrocodone 5/325mg #30 x 2 bottles:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines MTUS on Long-term Opioid use, page 88-89.

**Decision rationale:** This patient presents with chronic pain in his lumbar spine with radiation to his lower extremities with numbness, tingling, and weakness. The treater is requesting a refill of hydrocodone 5/325 mg #30 with 2 refills. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of progress reports from 11/21/2013 to 03/30/2014 shows the patient has been taking this medication since 11/21/2013. On 11/21/2013, treater states "Medications provided only subtle optimal pain control." Subsequent progress reports indicate medications were refilled. There is no discussion of this medication efficacy. Furthermore, no specific ADL changes are documented to determine whether or not significant functional improvements are achieved. In addition, opiate monitoring such as urine drug screening and aberrant behavior is not discussed. The request is not medically necessary.

**Omeprazole 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69).

**Decision rationale:** This patient presents with chronic pain in his lumbar spine with radiation to his lower extremities with numbness, tingling, and weakness. The treater is requesting a refill of omeprazole 20mg #90. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The medical file provided for review indicates on 11/21/2013 the treater recommended the patient discontinue Anaprox. It does not appear the patient is taking NSAID to warrant the use of omeprazole. Furthermore, the treater does not provide any GI risk assessment. There is no mention of gastric irritation or peptic ulcer history. The request is not medically necessary.

**Terocin patch #10 (1 box):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines page 112.

**Decision rationale:** This patient presents with chronic pain in his lumbar spine with radiation to his lower extremities with numbness, tingling, and weakness. The treater is requesting Terocin patches #10. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA

for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." The treater is initiating a trial of Terocin patches for patient pain. The patient meets the indication for Terocin patches, as there is documented neuropathic pain. A trial of #10 patches may be warranted. The request is medically necessary.