

<b>Case Number:</b>	CM14-0074258		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured on 4/6/2009. She was diagnosed with herniated nucleus pulposus in the lumbar spine, lumbar radiculopathy. She was treated with medications including muscle relaxants, opioids, and topical analgesics. She was also treated with physical therapy/exercises, a cane, chiropractor visits, injections, acupuncture, massage therapy, heat pads, and surgery (lumbar decompression, L5-S1, 5/2013). The worker was seen on 3/18/2014 by her spine surgeon complaining of her low back and right hip/leg pain with left leg numbness and tingling, not getting any better than the previous visit. She reported not working since her injury years prior. She also reported reduced sleep, moodiness, and depression. She reported using Norco, Terocin patches, Docuprene, Prilosec, and Flexeril. She was then recommended to continue her medications, which were refilled, and also was recommended a CT scan of her lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES #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 Lidoderm (lidocaine patch), pp. 56-57, Topical analgesics, Lidocaine, p. 112 Page(s): 56-57; 112.

**Decision rationale:** Terocin is a topical analgesic that comes in patches or lotions and includes lidocaine and menthol. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as Gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, the Terocin patch seemed to help her, but unfortunately there was no evidence found in the documents provided that she had tried and failed first-line therapy for neuropathic pain before justifying topical lidocaine. Therefore, the request for Terocin patches #10 is not medically necessary.

**CYCLOBENZAPRINE 7.5MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66 Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, Cyclobenzaprine was used chronically for much longer than what would be considered short-term use, which is not recommended. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.

**HYDROCODONE/APAP 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 Opioids, pp. 78-80 Page(s): pp. 78-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using Norco for

her low back pain regularly, however, it is unknown how much pain reduction and functional benefits came with her use of Norco, as this evidence was not found in the documents provided for review. Therefore, without documented evidence of benefit, the request for Hydrocodone/APAP 10/325mg #90 is not medically necessary.