

<b>Case Number:</b>	CM14-0099812		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational 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:

Injured worker is a female with date of injury 6/18/2012. Per primary treating physician's progress report dated 5/30/2014, the injured worker reports a motor vehicle accident recently having increased her pain complaints and more difficulty with her activities due to her pain complaints. She has been in a wheel chair since that accident. She states she is taking Norco 10/325 mg three times daily, Prilosec once daily, and using Terocin Patches. The Norco decreases her pain from 10/10 to 7/10 temporarily. She reports that the Norco increases her activity level. She states that the Terocin patches decrease her pain at night and helps her sleep longer. When she doesn't use the patches she doesn't fall asleep until 5 am. Prilosec helps her decrease medication induced gastritis. Without the Prilosec she feels heartburn with the Norco. She reports ongoing back pain rated at 10/10 and neck pain rated at 9/10. She describes aching in the neck which radiates down the bilateral upper extremities to the hands and is accompanied by pins and needles. She has aching in the low back that radiates down the bilateral legs to the calves, left greater than right. She uses a wheel chair as needed. On exam she is in a wheel chair. She continues to have soft tissue mass lower lumbar spine on the left side that is motile and mildly tender. She has tenderness to palpation of the lumbar spine. She has decreased sensation C5, C6, C7, and C8 dermatomes bilaterally, and decreased sensation L3, L4, L5, and S1 dermatomes on the left. Deltoids, biceps internal rotators, external rotators, wrist extensors and wrist flexors are 4+/5 on left. Psoas, quadriceps, hamstrings, tibialis anterior 3+/5 right and 3/5 left. EHL, inversion, eversion and plantar flexors are 4-/5 on right and 4/5 on left. Diagnoses include 1) HNP of the lumbar spine with stenosis 2) lumbar radiculopathy 3) degenerative disc disease of the cervical spine 4) degenerative disc disease of the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Hydrocodone/APAP 10/325mg #90: 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 Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. The injured worker reports that Norco increases her activity level, but this is not well described and the examination does not demonstrate functional improvement with opioid pain medications. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Hydrocodone/APAP 10/325mg #90 retro is determined to not be medically necessary.

**Retrospective request for Omeprazole 20mg #60: Overturned**

**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, GI Symptoms & Cardiovascular Risk section Page(s): 68-69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker reports is at increased risk of a gastrointestinal event, but she is using Terocin Patches, which contain salicylate, and complains of medication induced gastritis. The request for omeprazole 20mg #60 retro is determined to be medically necessary.

**Terocin patch #20 retro: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manufacturer's Information.

**Decision rationale:** Per manufacturer's information, Terocin patch is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, Lidocaine 2.5% and methyl salicylate 25%. Topical capsaicin is recommended by the guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Salicylate topicals are recommended by the guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The request for Terocin Patch #20 retro is determined to be medically necessary.