

<b>Case Number:</b>	CM15-0015879		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male patient, who sustained an industrial injury on 03/21/2006. A secondary treating pain management visit dated 12/03/2014 reported the patient with subjective complaint of progressive limited range of motion to the neck and arms associated with severe muscle spasms. He also continued to experience frequent moderate to severe headaches with blurry vision. In addition he reported the parasthesias affecting the cervical region along with weakness to bilateral arms is progressing with activities like carrying objects, writing or grasping. The patient is described as dependent on Neurontin with recommendation of detoxification program. The patient reported receiving a 50 % improvement in symptom after administration of a cervical epidural steroid injection, that has lasted for the past 8 weeks. Objective findings showed weakness to bilateral upper extremities. He is diagnosed with cervical sprain/strain. The plan of care noted to involve; requesting authorization for a second cervical injection at C7-T1 under fluroscopy; requesting authorization for inpatient detoxification program; referring the patient of physical therapy twice weekly for six weeks; prescribed Norco 10/325 MG, Neurontin 300 MG, Terocin patches and lotion. On 12/26/2014 Utilization Review non-certified the request for Terocin patch, noting the CA MTUS, Chronic Pain Guidelines, Lidocaine, Topical Analgesia were cited. The injured worker submitted an application for independent medical review of requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 78,98-99,111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topicals Medications for chronic pain Page(s): 111-113, 105, 60.

**Decision rationale:** This patient presents with neck pain, bilateral arm pain/weakness, and headaches. The treater has asked for TEROGIN PATCHES on 12/3/14. The patient has been using Terocin patches since 7/14/14 report. The 9/18/14 report states patient reports a decrease in level of pain and better range of motion from the use of the compounded creams, but it does not refer to the Terocin patches. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. Regarding Lidocaine, MTUS supports for peripheral neuropathic pain that is localized. The patient is currently not working. In this case, the patient has a chronic pain condition. From the limited documentation provided, it appears this patient does present with symptoms of peripheral neuropathy. Requested Terocin Patches would be indicated for this case. However, the patient has been using Terocin patches for 4 months without documentation of effectiveness in relation to pain and function. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. The request IS NOT medically necessary.

**Terocin Lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 78,98-99,111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) , Topical Medicine, Salicylate topicals Page(s): 56-57, 111-113, 105.

**Decision rationale:** This patient presents with neck pain, bilateral arm pain/weakness, and headaches. The treater has asked for TEROGIN LOTION on 12/3/14. The patient has been using Terocin lotion since 7/14/14 report. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states that only the dermal patch form of lidocaine is indicated. The patient is currently not working. In this case, the patient has a chronic pain condition and the request is for a topical lidocaine lotion. However, the requested lotion form of lidocaine is not indicated per MTUS guidelines. The request IS NOT medically necessary.

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official disability guidelines Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with neck pain, bilateral arm pain/weakness, and headaches. The treater has asked for NORCO 10/325MG #30 on 12/3/14. Patient has been taking Norco since 6/18/14. The patient had a urine drug screen on 6/18/14 that showed consistent with prescribed medications. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is currently not working. In this case, the treater indicates a decrease in pain with Terocin patches and Terocin lotion, but does not indicate pain relief from taking Norco per review of reports. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

**Physical Therapy 2 x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 78,98-99,111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** This patient present with limited range of motion to the neck and arms with associated severe muscles spasms. The current request is for PHYSICAL THERAPY 2X8. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The medical file does not any discussion on number of physical therapy sessions the patient has had to date and the objective response to therapy. The patient has a date of injury from 2006 and has likely participated in some therapy. In this case, progress reports dating from 7/14/14 through 12/3/14 were provided for review and do not discuss any recent physical therapy. Given the patient continued pain and limited ROM and a course of 9-10 sessions may be indicated. The request for 16 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.