

<b>Case Number:</b>	CM15-0149394		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 61 year old female, who sustained an industrial injury on 07-20-2011. She has reported injury to the neck, left hip, and low back. The diagnoses have included cervical spondylosis without myelopathy; cervical radiculopathy; lumbar spinal stenosis; sprain-strain of wrist; and arthritis of the hip, status post total hip replacement, left. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and surgical intervention. Medications have included Norco, Trazodone, Tramadol, OxyContin, Terocin Patch, Celebrex, and Omeprazole. A progress report from the treating physician, dated 06-24-2015, documented an evaluation with the injured worker. The injured worker reported left hip pain; the pain is constant and moderate to severe with profound limitations; the pain is described as aching, soreness, and sharp; the pain radiates to the back, thigh, and leg; associated symptoms include tenderness, weakness, and it is sensitive to touch; medications are helping well and being used on a regular basis; low back pain which is constant and moderate to severe with profound limitations; the pain is described as sharp and aching; the pain radiates to the mid back and both lower extremities; associated symptoms include stiffness; constant neck pain which is moderate to severe with profound limitations; the pain is described as sharp, aching, and stabbing; the pain radiates to the upper back and bilateral upper back; and associated symptoms include stiffness, headaches, vertigo, and numbness and weakness of the bilateral hands. Objective findings have included CT (computed tomography) of the left hip, dated 06-15-2015, revealed anatomic alignment following total hip arthroplasty, no visible hardware complication, and no visible soft tissue swelling. The treatment plan has included the request for Norco 325-10mg #60; Terocin pain patches #30 with 1 refill; and urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 325/10mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section 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. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco along with Oxycodone for an extended period without objective documentation of functional improvement or significant decrease in pain. 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 continue treatment. The request for Norco 325/10mg #60 is determined to not be medically necessary.

**Terocin pain patches #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition, 2011, Chronic Pain, Salicylate Topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4% and Lidocaine 4%. Menthol is not addressed by the MTUS 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 MTUS Guidelines recommend the use of topical Lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved

for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. In this case, there is no evidence that the injured worker did a trial with antidepressant or anticonvulsant medications and the primary physician discontinued this medication on 06/24/15. The request for Terocin pain patches #30 with 1 refill is determined to not be medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 44; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, there are no prior urine drug screens available for review and no assessment of risk factors concerning the injured worker. Additionally, the request for Norco is not supported therefore the request for urine drug screen is determined to not be medically necessary.