

<b>Case Number:</b>	CM15-0166136		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 40-year-old female, with a reported date of injury of 08-19-2014. The diagnoses include shoulder arthropathy, cervical disc degeneration, cervical disc displacement without myelopathy, sleep disturbance, neck sprain and strains, and chronic pain syndrome. Treatments and evaluation to date have included Cyclobenzaprine (discontinued), Eszopiclone, Omeprazole (discontinued), Topiramate, Lidopro Ointment, Terocin patch (since at least 05-2015), Ultracet (since at least 05-2015), and a right shoulder injection on 05-07-2015. The diagnostic studies to date have not been included in the medical records. The medical report dated 05-07-2015 indicates that the injured worker complained of right upper extremity pain. She rated the pain 6 out of 10 on 03-24-2015 and 05-07-2015. The pain was associated with weakness and tingling. The injured worker stated that the medications were helping, and it was noted that she tolerated the medications well. The treating physician indicated that the injured worker showed no evidence of developing medication dependency. It was noted that the level of sleep for the injured worker had decreased due to difficulty in staying asleep. Her pain level had remained unchanged since the last visit. The physical examination showed no signs of intoxication or withdrawal; restricted cervical extension to 30 degrees, cervical lateral rotation to the right to 60 degrees, and lateral rotation to the left to 60 degrees; normal cervical flexion; tenderness of the cervical paravertebral muscles on the right; restricted right shoulder movements with flexion limited to 130 degrees limited by pain, extension limited to 40 degrees due to pain, and abduction limited to 130 degrees due to pain; positive right shoulder Hawkin's test; positive right shoulder crossover test; tenderness to palpation of the right acromioclavicular joint; and

decreased light touch sensation over the C5-6 dermatomes on the right side. It was noted that an MRI of the right shoulder showed areas of moderate tearing of the rotator cuff and moderate degenerative joint disease of the right acromioclavicular joint. It was also noted that an opioid agreement was reviewed with the injured worker; and she has not been able to return to work due to the functional limitations brought about by her work injury. The injured worker was prescribed modified duty until the next visit. The request for authorization was dated 05-07-2015. The treating physician requested Terocin patch (Lidocaine 4%-Menthol 4%) #30 and Ultracet 37.5-325mg #60. On 08-13-2015, Utilization Review (UR) non-certified the request for Terocin patch (Lidocaine 4%-Menthol 4%) #30 and Ultracet 37.5-325mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin patch 4-4% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

**Ultracet 37.5-325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/2015)- Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include:

(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.