

<b>Case Number:</b>	CM15-0190130		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female, who sustained an industrial injury on 10-14-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical sprain, cervical disc degeneration, cervical spine hypolordosis, lumbar spine disc protrusion, lumbar disc bulge, lumbar spondylosis, and foot sprain. Treatment and diagnostics to date has included lumbar spine MRI and medications. Current medications include Mobic, Neurontin, Terocin lotion, and Tylenol #3. After review of progress notes dated 07-14-2015 and 08-11-2015, the injured worker reported neck, low back, and left foot pain. Objective findings included limited cervical and lumbar spine range of motion and pain with lumbar extension. The request for authorization dated 09-02-2015 requested retrospective Tylenol #3 300mg-30mg 1 pill every 6-8 hours #60, Flexeril, Mobic, Neurontin, and retrospective Terocin lotion 120mg 1 tube apply 1-2 times a day. The Utilization Review with a decision date of 09-11-2015 denied the request for retrospective Terocin lotion 120ml #1 and retrospective Tylenol #3 300mg-30mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Terocin lotion 120 ml with a DOS of 7/14/2015: 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 claimant has a history of a cumulative trauma work injury with date of injury in October 2014 occurring while working as a front end associate. In May 2015 she was having mild to moderate neck pain radiating to the shoulders and occasionally to the upper arms. She was having low back pain radiating into the left lower extremity. She had left foot pain and was having occasional headaches. She had decreased pain due to being off work. Because of financial reasons, she wanted to try returning to work. Extended release tramadol and Mobic were prescribed. The total MED (morphine equivalent dose) was 30 mg per day. In June 2015 the tramadol had caused vomiting. She wanted to discuss changing her pain medication. Physical examination findings included decreased spinal range of motion and low back pain with straight leg raising. She had non-radiating neck pain with Spurling's testing. Tylenol #3 #60 was prescribed. The MED was now less than 10 mg per day. When seen in July 2015 she was having ongoing mild to moderate pain. There was decreased cervical and lumbar spine range of motion. Medications were refilled. Neurontin and Terocin lotion were also prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

**Retro Tylenol No 3 30/300 mg #60 with a dos of 7/14/2015:** 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): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in October 2014 occurring while working as a front end associate. In May 2015 she was having mild to moderate neck pain radiating to the shoulders and occasionally to the upper arms. She was having low back pain radiating into the left lower extremity. She had left foot pain and was having occasional headaches. She had decreased pain due to being off work. Because of financial reasons, she wanted to try returning to work. Extended release tramadol

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