

<b>Case Number:</b>	CM15-0193776		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic mid and low back pain with derivative complaints of mood disturbance and anxiety reportedly associated with an industrial injury of August 30, 2010. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for Nucynta, Valium, and Terocin. The claims administrator referenced an RFA form received on September 15, 2015 and associated office visit of the same date in its determination. The applicant's attorney subsequently appealed. On said September 15, 2015 RFA form, Nucynta, Valium, Terocin and Wellbutrin were endorsed on an associated progress note of the same date, September 15, 2015. The applicant reported 8/10 low back pain complaints. The applicant reported difficulty staying asleep secondary to his pain complaints, it was stated. 9/10 pain without medications versus 6/10 pain with medications was reported. In another section of the note, it was stated that the applicant had pain complaints in the 8/10 range, which the applicant characterized as severe. The applicant's medication list included Nucynta, Valium, Terocin, Wellbutrin, and glipizide, it was reported. Several of the same were renewed and/or continued. Work restrictions were endorsed, which the attending provider suggested, (but did not clearly state). The applicant's employer was unable to accommodate. The applicant was given diagnoses which included post laminectomy syndrome, lumbar radiculitis, mood disturbance, and anxiety disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 50mg, SIG: 1 Tab PO BID QTY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the request for Nucynta extended-release, a long-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on September 15, 2015, the attending provider suggested, however, the applicant was not working on that date. The applicant's pain complaints were described as severe on the September 15, 2015 office visit at issue. All of the foregoing, taken together, suggested that the applicant had, in fact, failed to profit with ongoing Nucynta usage in terms of the parameters set forth on page 80 of MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.

**Diazepam 10mg QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Similarly, the request for diazepam (Valium), a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, Page 402 does acknowledge that anxiolytics such as diazepam (Valium) are appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the attending provider's September 15, 2015 office visit suggested that the applicant was intent on employing Valium for chronic, long-term, and/or daily use purposes, for sedative and/or anxiolytic effect. Such usage, however, represented a treatment in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, Page 402. Therefore, the request is not medically necessary.

**Terocin Patch 4-4% QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROGIN-methyl salicylate, capsaicin, menthol  
<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid...44d0>. Oct 15, 2010 - FDA Guidance's & Info; NLM SPL Resources. Download Data ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

**Decision rationale:** Finally, the request for Terocin is likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the Terocin amalgam, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, the attending provider failed to establish evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound in question. Therefore, the request is not medically necessary.