

<b>Case Number:</b>	CM15-0194730		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, 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 61 year old female, who sustained an industrial injury on 7-20-2011. The injured worker is undergoing treatment for: lumbar spinal stenosis, obesity, cervical radiculopathy, and cervical spondylosis without myelopathy, wrist sprain and strain, arthritis of hip status post left hip replacement. On 6-24-15, 7-23-15, and 8-26-15, she reported continued hip pain after hip replacement. She also reported low back pain, and neck pain. Physical examination is not documented on these dates. There is no discussion of the efficacy of Terocin patches, current pain level; 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. The treatment and diagnostic testing to date has included: left hip replacement (date unclear), medications, modified activity, physical therapy, CT scan of the left hip (6-15-15), x-rays of the lumbar spine (10-18-12), magnetic resonance imaging of the cervical spine (5-4-12), electrodiagnostic studies (1-23-13). Medications have included: Prilosec, Trazodone, Estradiol, simvastatin, metformin, Lisinopril, Celebrex, tramadol, Terocin. Current work status: modified. The request for authorization is for: Terocin pain patches quantity 30 with one refill, Norco 10- 325mg quantity 60. The UR dated 9-15-2015: non-certified the request for Terocin pain patches quantity 30 with one refill, and Norco 10-325mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches #30 one refill:** 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): Topical Analgesics.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is for Terocin patches, which contains lidocaine, capsaicin, methyl salicylate and menthol. MTUS Guidelines states that any compounded product that contains lidocaine, with the exception of the lidoderm patch, is not recommended. There is also the lack of documentation of failure of first-line agents (antidepressants and anticonvulsants). There is also no rationale given of the necessity of a topical agent versus an oral agent. Therefore the request is not medically necessary or appropriate.

**Norco 328/10 #60:** Upheld

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

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

**Decision rationale:** CA MTUS Guidelines support the use of opioids for chronic pain when there is documented significant relief of pain and measurable improvement in objective function and an ability to return to work. Ongoing opioid use should be reviewed and monitored according to the 4 A's. These include documentation of analgesia, activities of daily living, appropriate medication use and aberrant behavior. In this case, there is a lack of documentation of the 4 A's supporting chronic opioid use. There is also a lack of a urine drug screen to demonstrate compliance. Therefore, based on the above, this request is not medically necessary or appropriate.