

<b>Case Number:</b>	CM15-0195534		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/09/2015
<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 66 year old male who sustained an industrial injury on 05-18-2010. Medical records indicated the worker was treated for low back pain with radiation into the right lower extremity in the L5-S1 distribution with numbness and weakness. In provider notes of 08-26-2015, the worker was seen for his low back pain and his past care was reviewed along with his current treatment suggestions. He had been recommended to have surgical intervention possibly in the form of a L4-5 and L5-S1 PLIF (posterior lumbar interbody fusion) which the worker did not desire. A lumbar epidural steroid (LESI) was suggested alternatively. The worker was considering this treatment as his pain was increasing and interfered with activities of daily living. He was apprehensive about the injection and wished to continue with medical management, conservative treatment and trigger point injections. He rated his low back pain as a 9 on a scale of 0-10. Pain inhibits his activities of daily living, and he is unable to drive for greater than 15 or 20 minutes. The worker gets pain relief and the ability to increase his activities of daily living with medications which include Anaprox DS (since 04-22-2015), and Ultracet (since 04-22-2015). He reports about 30 % relief with the ability to notably increase his activity for about four to six hours after each dose. He gets medication induced gastritis which is treated with Prilosec. Recent complaints of insomnia were treated with Doral (since 04-22-2015) at bedtime. Norco was on hold (last date of prescription not given). The worker has been counseled on opioid medications and had submitted to urine drug testing. On exam, the worker has an antalgic slow gait with no obvious foot drop. His cervical spine has bilateral increased muscle

rigidity on palpation with numerous trigger points throughout the cervical paraspinal muscles. There is decreased range of motion with obvious muscle guarding. Forward flexion and extension are diminished and also limited by pain. Sensory exam noted decreased sensation to sharp along the lateral arm and forearm in the C5-6 distribution in the right lateral arm and forearm in comparison to the left. Examination of the lumbar spine noted tenderness to palpation bilaterally with increased muscle rigidity. Numerous trigger points were palpable and tender throughout the lumbar paraspinal muscles. Muscle guarding was present in examination of the lumbar spine and range of motion was diminished in all planes. Straight leg raise from a sitting position was positive at 60 degrees in the right in comparison to the left. The right heel has point tenderness with no warmth or erythema noted. Lumbar spine MRI (01-16-2013) revealed a 4- to 5-mm broad based disc protrusion at L4-5 and L5-S1 with associated facet hypertrophy and severe bilateral neural foraminal narrowing and moderate central stenosis at L4-5 and to a lesser extent L5-S1. Electromyogram-nerve conduction velocity (06-30-2011) revealed a mild acute right L5-radiculopathy. Lumbar spine range of motion was diminished in all planes. The treatment plan was for medication refills, and trigger point injections. The worker was to follow-up in four to six weeks. A request for authorization was submitted for: 1. Retrospective request for Anaprox DS 550mg #60, date of service: 08-26-20152. Retrospective request for Prilosec 20mg #60, date of service: 08-26-20153. Retrospective request for urine drug screen, quantity: 1, date of service: 08-26-20154. Retrospective request for Terocin 4oz, date of service: 08-26-20155. Retrospective request for trigger point injections, quantity: 4, date of service: 08-26-20156. Retrospective request for Norco 10/325mg #60, date of service: 08-26-2015. A utilization review decision 09-09-2015 Authorized: Retrospective request for Anaprox DS 550mg #60, date of service: 08-26-2015. Retrospective request for Prilosec 20mg #60, date of service: 08-26-2015. Conditionally non-certified: Retrospective request for urine drug screen, quantity: 1, date of service: 08-26-2015. Non-certified: Terocin 4oz, date of service: 08-26-2015. Trigger point injections, quantity: 4 Modified: Norco 10/325mg #60 to Norco 10/325mg #45.

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

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

**Retrospective request for Terocin 4oz, date of service: 08/26/2015: Upheld**

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

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

**Decision rationale:** The claimant is a 66 year-old male with date of injury of 5/18/2010 with complaints of chronic low back pain. The request is for Terocin topical. CA MTUS guidelines state that topical agents 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 retrospective Terocin lotion. In this case, there is a lack of documentation of trial and failure of first-line agents (antidepressants and anticonvulsants) for neuropathic pain. Terocin contains lidocaine, capsaicin, menthol and methyl salicylate. Lidocaine is only approved in the formulation of a lidoderm patch. Capsaicin is only

indicated when other forms of treatment have failed. Menthol is not recommended. The patient has neuropathic pain, and methyl salicylate is not recommended in this case. Therefore, based on the above findings, the request for Terocin is not medically necessary or appropriate.

**Retrospective request for trigger point injections, quantity: 4, date of service: 08/26/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** MTUS Guidelines state that trigger point injections have very specific requirements. In this case, the claimant does not meet criteria for trigger point injections. These injections are not recommended when there is evidence of a radiculopathy, which this claimant has been diagnosed with. Therefore the request is not medically necessary or appropriate.

**Retrospective request for Norco 10/325mg #60, date of service: 08/26/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

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

**Decision rationale:** Norco is an opioid analgesic recommended for moderate to moderately severe neuropathic pain. It is not recommended for long-term use. This patient has been taking Norco since at least 2011, yet still complains of moderate to severe pain according to the documentation submitted. No measurable improvements in pain levels or functional improvement have been documented, despite the chronic use of Norco. Evidence-based guidelines indicate that opioids should be discontinued if there is no evidence of improvement. Therefore the request for Norco is not medically necessary or appropriate.