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| <b>Case Number:</b>   | CM15-0198448 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 10/30/2006 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 10/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2015 |

### 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

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 injured worker is a(n) 47 year old female, who sustained an industrial injury on 10-30-06. The injured worker was diagnosed as having lumbar radiculopathy, plantar fasciitis, depressive disorder and degeneration of lumbosacral intervertebral disc. Medical records (6-19-15 through 9-9-15) indicated 6-7 out of 10 pains in her neck and lower back. The physical exam (8-4-15 through 9-9-15) revealed a positive straight leg raise test on the right, decreased lumbar range of motion and pain with cervical range of motion. As of the PR2 dated 9-22-15, the injured worker reports pain in her lower back. She rates her pain 9 out of 10. Current medications include Cyclobenzaprine, Gabapentin, Lidoderm patch, Terocin patch (since at least 7-27-15) and Norco (since at least 6-19-15). Treatment to date has included acupuncture (number of sessions not provided) "slightly helpful", a TENS unit and lumbar epidural injections (location and date of service not provided). The treating physician requested Norco 10-325mg #60 and Terocin patch #30 x 2 refills. The Utilization Review dated 10-1-15, non-certified the request for Norco 10-325mg #60 and Terocin patch #30 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg-325mg #60:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker had been prescribed this medication since June 2015 without objective evidence of pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10mg-325mg #60 is determined to not be medically necessary.

**Terocin (Lidocaine-Menthol) 4%-4% Patch #30, 2 Refills:** 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:** Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. In this case, the injured worker has been prescribed Terocin patches since July 2015 without objective evidence of significant pain relief or functional improvement, therefore, the request for Terocin (Lidocaine-Menthol) 4%-4% patch #30, 2 refills is determined to not be medically necessary.

