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| <b>Case Number:</b>   | CM15-0217157 |                              |            |
| <b>Date Assigned:</b> | 11/06/2015   | <b>Date of Injury:</b>       | 08/04/2010 |
| <b>Decision Date:</b> | 12/28/2015   | <b>UR Denial Date:</b>       | 10/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 46 year old female who sustained an industrial injury 08-04-10. A review of the medical records reveals the injured worker is undergoing treatment for depression, anxiety, musculoligamentous strain and sprain of the cervical, thoracic, and lumbar spines; decreased sensation over the medial half of the arms, legs, and face; lateral epicondylitis of the right elbow, inflammatory process of the right shoulder, and rule out degenerative joint disease, right first carpal metacarpal joint. Medical records (06-30-15) reveal the injured worker complains of right shoulder and lumbar spine pain, which are not rated. The physical exam (06-30-15) reveals restricted range of motion of the cervical and thoracolumbosacral spine, tenderness of the right trapezius musculature, and decreased sensation on the medial arm, the medial half of the right leg, and the right side of the face. Range of motion of the bilateral shoulders is also restricted and tenderness is noted on the anterior right shoulder. Tenderness is noted on the lateral epicondyle on the right and the right first dorsal compartment, with decreased range of motion noted to the bilateral wrists. Prior treatment includes psychological treatment, cognitive behavioral therapy, physical therapy, right shoulder surgery, cortisone injections into her back, chiropractic treatments. The original utilization review (10-28-15) non certified the request for Terocin patches #30 and Ultracet 37.5/325 #160 ordered on 06-30-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin Patches #30 (DOS: 6/30/15): 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): Lidoderm (lidocaine patch).

**Decision rationale:** The patient was injured on 08/04/10 and presents with right shoulder pain and lumbar spine pain. The retrospective request is for Terocin Patches #30 (DOS: 6/30/15). There is no RFA provided and the patient is not working. There is no indication of when the patient began using these patches. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "lidocaine indicates: Neuropathic pain. Recommended for localized peripheral pain." In reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use, and outcome documented for function and pain. The patient has a restricted range of motion of the cervical and thoracolumbosacral spine, tenderness of the right trapezius musculature, decreased sensation on the medial arm, the medial half of the right leg, and the right side of the face. She is diagnosed with depression, anxiety, musculoligamentous strain and sprain of the cervical, thoracic, and lumbar spines; decreased sensation over the medial half of the arms, legs, and face; lateral epicondylitis of the right elbow, inflammatory process of the right shoulder, and rule out degenerative joint disease, right first carpal metacarpal joint. In this case, the patient does not present with peripheral localized neuropathic pain as indicated by MTUS Guidelines. Therefore, the requested Terocin patch IS NOT medically necessary.

**Retrospective Ultracet 37.5/325mg #60 (DOS: 6/30/15): 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, Medications for chronic pain, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 08/04/10 and presents with right shoulder pain and lumbar spine pain. The retrospective request is for Ultracet 37.5/325mg #60 (DOS: 6/30/15). There is no RFA provided and the patient is not working. The patient has been taking this medication as early as 05/05/15 and there are two treatment reports provided from 05/05/15 and 06/30/15. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse

behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The patient is diagnosed with depression, anxiety, musculoligamentous strain and sprain of the cervical, thoracic, and lumbar spines; decreased sensation over the medial half of the arms, legs, and face; lateral epicondylitis of the right elbow, inflammatory process of the right shoulder, and rule out degenerative joint disease, right first carpal metacarpal joint. In this case, none of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Ultracet IS NOT medically necessary.