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| <b>Case Number:</b>   | CM15-0218968 |                              |            |
| <b>Date Assigned:</b> | 11/10/2015   | <b>Date of Injury:</b>       | 02/10/2012 |
| <b>Decision Date:</b> | 12/22/2015   | <b>UR Denial Date:</b>       | 11/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2015 |

### 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: North Carolina, Georgia  
 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 52 year old male, who sustained an industrial injury on 02-10-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post lumbar surgery, failed lumbar surgery syndrome, chronic disabling condition, and chronic pain syndrome. Treatment and diagnostics to date has included use of medications. Recent medications have included Norco, Terocin lotion (since at least 04-08-2015), and Embeda. Subjective data (04-08-2015 and 10-21-2015), included back pain rated 8-10 out of 10 on the pain scale. Objective findings (10-21-2015) included positive sacroiliac joint compression, slump, and facet maneuver test bilaterally. The request for authorization dated 10-28-2015 requested Embeda 20mg, Norco, Spinal Q, and Terocin 120ml. The Utilization Review with a decision date of 11-04-2015 denied the request for Embeda 20-0.8mg daily (Rx: 10-21-2015), spinal Q brace, and Terocin lotion 120ml bottle (dispensed 10-21-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Embeda 20/0.8mg #30 (Rx 10/21/15): Overturned**

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

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

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Embeda, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. In this case the request is for an initial prescription of Embeda because pain is poorly controlled with only immediate release Norco. The record documents prior medication use and failure to respond and indicates a need for trial on long acting narcotic for pain control. Embeda is medically necessary.

**Spinal Q brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (updated 9/22/15) Lumbar support.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back Brace.

**Decision rationale:** CA MTUS addresses the use of lumbar support in the chapter on low back complaints. Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG addresses use of lumbar support in the section on Low Back and states that lumbar support may be indicated in cases of compression fracture, spondylolithesis and documented instability. In this case, the injury was over a year ago, is no longer in the acute phase of management, and there is no documentation of any compression fracture, spondylolithesis or instability. Lumbar support is not medically necessary.

**Terocin lotion 120ml bottle dispensed 10/21/15 Qty: 1.00:** 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 recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the

topical preparation is not recommended. Terocin lotion contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Terocin lotion is not medically necessary and the original UR decision is upheld.