

<b>Case Number:</b>	CM14-0148788		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42-year-old male who was injured in a trip and fall accident on July 11, 2013 and sustained multiple injuries. The injured worker was seen on March 28, 2014 for orthopedic evaluation and treatment with complaints of pain level of 7-8/10 for headache, 9/10 for neck pain, 8/10 for upper back and 6/10 for low back with associated numbness in his feet, fingers, and toes. His medications including Percocet, Skelaxin, Ambien, and Lidocaine patch. Examination of his cervical spine revealed tenderness, guarding and spasm over the paravertebral region and upper trapezius muscles, trigger points over the upper trapezius muscles, reduced muscle strength with flexion, extension, rotation, and lateral flexion, as well as restricted range of motion due to pain and spasm. Sensation was also diminished over the left upper extremity. The injured worker was seen for Agreed Medical Evaluation on May 19, 2014 with complaints of neck pain, loss of his hand dexterity, numbness in his feet, left ear ringing, painful jaw popping and cracking, and low back pain. On examination, range of motion of his cervical spine was limited. Peripheral neurological examination showed numbness and tingling in her left ring finger. The injured worker returned to the treating physician on May 23, 2014 with same complaints. Objective findings were unchanged. The injured worker presented to another physician on June 9, 2014 and complained of constant neck pain that radiated to his head. He also noted muscle spasms in his neck and arms as well as tingling in his hands and feet. He rated his pain at level of 8-9/10. On examination of his cervical spine, tenderness was present over the paravertebral muscles and trapezius, range of motion was restricted, and sensation was diminished along the C6 nerve root over the left upper extremity. Terocin pain patch box #20 was provided. Urine drug testing dated July 10, 2014 revealed positive Oxycodone and Noroxycodone which is consistent with the prescription as well as negative Zolpidem and Cyclobenzaprine which is not consistent with prescribed medication regimen. The

injured worker returned on September 8, 2014 with complaint of pain level of 8/10 in his neck that radiated to his left upper extremity with associated numbness and tingling. He reported that his topical medications were helpful in reducing his pain, decreasing oral medications, and allowing him to continue with home exercise program. Cervical spine examination revealed limited range of motion, positive bilateral Spurling's maneuver.

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

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

**Retrospective Terocin Pain Patches Box #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** There was no indication that the injured worker is intolerant and did not favorably respond to oral treatments to necessitate use of topical analgesic. Chronic Pain Medical Treatment Guidelines specified that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Moreover, follow-up visit on September 8, 2014 did not document any quantitative and/or comparative functional improvement to justify and support continued use of topical medication. The Chronic Pain Medical Treatment Guidelines state that demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. The request is not medically necessary.