MAXIMUS Federal Services

| Case Number: | CM14-0195225 | | |
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| Date Assigned: | 12/03/2014 | Date of Injury: | 06/23/2009 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 11/18/2014 |
| Priority: | Expedited | Application Received: | 11/21/2014 |

## 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 Physical Medicine and Rehabilitation 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:

This 58 year-old patient sustained an injury on 6/23/09 from lifting a heavy cleaning machine while employed by [redacted]. Request(s) under consideration include Ultram 150mg #30 and Terocin Patches, 1 box. Diagnoses include cervical spondylosis without myelopathy/ intervertebral disc displacement/ cervicalgia; shoulder region bursae and tendon disorders. Review indicated report of 4/4/12 noted complaints of headaches and pain to the neck, upper back with radiating to arms. Diagnoses remained unchanged. Report of 11/7/14 from the provider noted the patient with presentation of chronic symptoms of headaches radiating from neck associated with throbbing and tingling; left shoulder/elbow/arm pain aggravated by upper extremity use limiting ADLs; low back pain with report of decreased hearing, bilateral blurred vision, and nose bleeds. Exam showed unchanged findings of cervical spine with decreased range, tenderness over bilateral paraspinal muscles, trapezii, levator scapulae and cervical facets; shoulder with positive drop arm and Hawkin's testing; sensation diminsted in left upper extremity in circumferential pattern with decreased bilateral 4/5 grip strength. Treatment included medications. Report of 11/10/14 had appeal for denied EMG/NCS of cervical spine and left upper extremity. The request(s) for Ultram 150mg #30 and Terocin Patches, 1 box were non-certified on 11/17/14 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80,81,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opoids, On-Going Management Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Ultram 150mg #30 is not medically necessary and appropriate.

**Terocin Patches, 1 box:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113.

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

**Decision rationale:** The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia Serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical Lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic 2009 injury nor is there any report of acute flare-up, new red-flag conditions, or

intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Terocin Patches, 1 box is not medically necessary and appropriate.