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| <b>Case Number:</b>   | CM14-0096741 |                              |            |
| <b>Date Assigned:</b> | 09/22/2014   | <b>Date of Injury:</b>       | 01/28/2011 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 06/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2014 |

### 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 Anesthesiology, has a subspecialty 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:

According to the records made available for review, this is a 35-year-old male with a 1/28/11 date of injury. At the time (5/5/14) of request for authorization for two refills of Terocin Pain Patch #10 and two refills of Hydrocodone/APAP 7.5/325mg #90, there is documentation of subjective (moderate low back pain) and objective (tenderness to palpation over the lumbar spine with spasms, decreased lumbar range of motion, positive facet loading, and decreased strength of the bilateral upper and lower extremities) findings, current diagnoses (lumbar facet arthropathy, retrolisthesis at L5-S1, and lumbago), and treatment to date (ongoing therapy with Hydrocodone/APAP since at least 3/1/11 with pain relief and increase in activities of daily living). Medical report identifies a consistent CURES report. Regarding two refills of Hydrocodone/APAP 7.5/325mg #90, there is no documentation that the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two refills of Terocin Pain Patch #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** Terocin Patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar facet arthropathy, retrolisthesis at L5-S1, and lumbago. However, Terocin contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for two refills of Terocin Pain Patch #10 is not medically necessary

**Two refills of Hydrocodone/APAP 7.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar facet arthropathy, retrolisthesis at L5-S1, and lumbago. In addition, given documentation of ongoing treatment with Norco with pain relief and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Hydrocodone/APAP. However, despite documentation of a consistent CURES report, there is no (clear) documentation that the prescriptions are the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and side effects. Therefore, based on guidelines and a review of the evidence, the request for two refills of Hydrocodone/APAP 7.5/325mg #90 is not medically necessary.