

<b>Case Number:</b>	CM14-0096757		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	10/22/2014	<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 Occupational Medicine 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:

There were 664 pages provided for this review. The claimant signed the request for independent medical review on June 18, 2014. It was for 90 tablets of Hydrocodone\Acetaminophen 7.5 mg\325 mg, which was non certified, as well as one box of Terocin patches. There was a review from June 13, 2014. The claimant was injured on January 28, 2011 when he tripped over a pallet jack. He was diagnosed with the lumbar spine sprain-strain, and a right shoulder sprain-strain. He was permanent and stationary per the Agreed Medical Evaluation. The patient completed eight sessions of chiropractic care. The patient had an increase in pain and muscle spasm since his chiropractic sessions ran out. There were no objective measures for comparison before and after to fully confirm any objective functional worsening. The medicines were Norco taken three times a day as needed, Zanaflex once a day as needed, Ketoprofen, Prilosec and Terocin patches. On exam, there was spasm to the trapezius and lumbar spine. He was diffusely tender throughout the cervical region. The urine drug screen was consistent. Pertinent diagnoses included facet arthropathy and lumbago. Medicines in a later note included Zanaflex, Omeprazole, Hydrocodone/APAP, and the box of Terocin pain patches. It is not mentioned that a pain contract has been signed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Hydrocodone/APAP 7.5MG/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for 90 Tablets of Hydrocodone/APAP 7.5MG/325MG is not medically necessary.

**1 Box of Terocin Pain Patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 OF 127.

**Decision rationale:** Per the PDR, Terocin is a topical agent. The MTUS Chronic Pain section notes: Salicylate topicals; Recommended, Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated. The request for 1 Box of Terocin Pain Patch is not medically necessary.