

<b>Case Number:</b>	CM14-0099738		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/16/1998
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported injuries due to continuous trauma on 01/16/1998. On 02/25/2014, her diagnoses included cervical spine sprain/strain; left shoulder sprain/strain/impingement syndrome/rotator cuff tear; right wrist carpal tunnel syndrome; lumbar disc protrusion at L2-3, L3-4, and L4-5; impingement on the thecal sac; herniated lumbar disc with radiculopathy; and bilateral foot and ankle plantar fasciitis. Her complaints included continuing neck pain radiating over her shoulders and arm and lower back pain radiating into her legs. It was noted that her medication helped decrease the pain intensity and allowed for activities of daily living. Her medications included hydrocodone 7.5/750 mg, ibuprofen 550 mg, Prilosec 20 mg, and Soma 350 mg. the documentation dated 06/06/2013 revealed that she had been taking the hydrocodone and Soma since that time. The note on that date stated in regards to the Hydrocodone and Soma, that she should have been changed to non-addictive narcotics as previously advised. A request dated 02/25/2014 for Carisoprodol was included in this worker's chart. There was no Request for Authorization for the Terocin patches or the Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches refill x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Terocin patches refill times 6 is non-certified. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including local anesthetics. There is little to no research to support the use of many of these agents; any compounded product that contains at least 1 drug or drug class; not recommended. Terocin patches contain menthol 4% and Lidocaine 4%. The only form of FDA-approved topical application of Lidocaine is the 5% transdermal patch for neuropathic pain. Additionally, the body part or parts to which the patches would have been applied were not specified in the request, nor was there a frequency of application. Therefore, this request for Terocin patches refill times 6 is not medically necessary.

**Hydrocodone 7.5/750mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for hydrocodone 7.5/750 mg #120 has been denied. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain; ; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased levels of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with Acetaminophen, Aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs are not successful in reducing pain, opioids for moderate to moderately severe pain may be added to (but not substituted for) the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There is no documentation in the submitted chart regarding appropriate long-term monitoring, including psychosocial assessments, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, it was recommended that this injured worker be changed from hydrocodone to a non-addictive narcotic. Furthermore, the name of the medication was incomplete on the request and there was no frequency of administration included in the request. Therefore, this request for hydrocodone 7.5/750 mg #120 is not medically necessary.

**Carisoprodol 350mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The request for Carisoprodol 350 mg #90 was denied. The California MTUS Guidelines recommend that Carisoprodol is not indicated for long-term use. It is a commonly-prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is Meprobamate, a schedule 4 controlled substance. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs, including in combination with hydrocodone, an effect that some abusers claim is similar to heroin. Additionally, it was recommended that this worker be changed from Soma to non-addictive narcotics. Furthermore, there is no frequency of administration specified in the request. Therefore, this request for Carisoprodol 350 mg #90 is not medically necessary.