

<b>Case Number:</b>	CM15-0016093		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female, who sustained an industrial injury on 10/09/2013. The diagnoses have included sprain of neck and shoulder. Treatment to date has included TENS unit, medication, ice application and chiropractic care. Magnetic resonance imaging (MRI) of the right shoulder dated 2/09/2015 revealed mild supraspinatus tendinosis and mildly type II acromion with milds acromioclavicular arthrosis. Currently, the IW complains of shoulder pain and numbness to the upper extremities. Pain is rated as 8/10. Objective findings included tenderness to palpation of the lower cervical spine right more than left associated with muscle spasm. Range of motion and sensation are decreased. On 1/12/2015, Utilization Review non-certified a retrospective request for Terocin patch #10 and modified a retrospective request for Acetaminophen/Tramadol Hcl 325/37.5mg #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/27/2015, the injured worker submitted an application for IMR for review of Acetaminophen/Tramadol Hcl 325/37.5mg #60; Terocin patch #10 and Ibuprofen 600mg #60. The Ibuprofen was certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Acetaminophen/Tramadol HCL 325/7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 & 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 11/18/14 report the patient presents with neck and right shoulder pain. The current request is for RETRO ACETAMINOPHEN/TRAMADOL HCL 325/75 mg #60. The RFA is not included. As of 11/18/14 the patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treatment information regarding this medication and opioid use is limited in the reports provided for review. It appears the patient may have started Tramadol/Ultracet on 10/21/14 but this is not clear. This report also notes the prior use of another opioid Hydrocodone for an unknown period of time. In this case, the patient is reported to have shoulder pain of 7-8/10 on 12/09/14 and that the request for Ultracet/Tramadol has been denied. Analgesia through prior use of opioids is not documented. The 01/21/15 report states this medication has resulted in improved pain and range of motion. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of opioids. Opiate management issues are not fully documented. A urine toxicology report collected on 10/21/14 is provided for review that shows negative for all opioids. As the 10/21/14 report mentions use of Hydrocodone, this is not explained. There is no discussion of side effects or adverse behavior. In this case, the 4A's are not clearly documented to support use of opioids per guidelines. The request IS NOT medically necessary.

**Terocin patch #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm

**Decision rationale:** Per the 11/18/14 report the patient presents with neck and right shoulder pain. The current request is for TEROGIN PATCH #10. The RFA is not included. As of 11/18/14 the patient is not working. The MTUS guidelines p112 on topical lidocaine states, Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." When reading ODG guidelines, it is recommended for neuropathic pain that is

localized and peripheral. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The reports provided for review show the patient has been prescribed this medication since at least 10/21/14. The 01/21/15 report states Terocin patches have improved the patient's pain and range of motion. While this medication may have helped the patient, guidelines state it is indicated for neuropathic pain that is localized and peripheral which is not documented for this patient. Therefore, the request IS NOT medically necessary.