

<b>Case Number:</b>	CM15-0168442		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 36 year old male, who sustained an industrial-work injury on 9-14-13. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar neuritis and chronic pain syndrome. Treatment to date has included medication, ESI (epidural steroid injection), and completion of a functional restoration program. Currently, the injured worker complains of ongoing low back pain rated 7 out of 10. Pain is characterized as aching, burning, and stabbing with radiation into the right hip, knee, and lower extremity. Sleep quality was affected. Medications are helping with side effect of constipation. Pain level has unchanged from previous visit. Medications include Orphenadrine ER 100 mg, Senna-lax, LidoPro 4.5% ointment, Norco 5-325 mg, and Pantoprazole sodium 20 mg. Per the primary physician's progress report (PR-2) on 8-5-15, exam notes limitations in motion of lower back, stiffness, numbness, tingling, heartburn, restricted range of motion with both knees, light touch sensation is decreased over the medial calf, lateral calf, and anterior thigh, medial thigh on the left side. Current plan of care includes refill meds, toxicology screening, and initiate Terocin patches. The Request for Authorization requested service to include Terocin Patch 4-4%, apply to affected area twice a day #30, Orphenadrine ER 100mg #60, Norco 5/325mg #60, and Pantoprazole Sod DR 20mg #60. The Utilization Review on 8-17-15 denied the request for Terocin Patch 4-4%, apply to affected area twice a day #30, denied Orphenadrine ER 100mg #60, modified Norco 5/325mg #30 for weaning, and denied Pantoprazole Sod DR 20mg #60, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch 4-4%, apply to affected area twice a day #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Terocin Patch 4-4%, apply to affected area twice a day #30 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED) only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.

**Orphenadrine ER 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Orphenadrine ER 100mg #60 is not medically necessary. CA MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. In addition, there is no documentation of efficacy with the use of this medication. Furthermore, the records note that Orphenadrine did not provide sufficient pain relief with 7/10 reported pain. Thus, the requested medication is not medically necessary.

**Norco 5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Norco 5/325mg #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

**Pantoprazole Sod DR 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Pantoprazole Sodium DR 20 mg #60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.