

<b>Case Number:</b>	CM13-0025035		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant has filed a claim for chronic low back pain, neck pain, shoulder pain, sleep disturbance, and depression associated with industrial injury of September 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; topical compounds; and extensive periods of time off of work. An earlier note of August 20, 2013 is notable for comments that the applicant is still not working. She is receiving worker's compensation benefits. She is having depression, stress, insomnia, headaches, trigger points, neck pain, and shoulder pain. She has a pending psychiatric referral. She exhibits palpable trigger points and diminished shoulder range of motion with abduction to 130 degrees. Several topical compounds and oral agents, including Terocin, Flexeril, Prilosec, Naprosyn, tramadol, Effexor, Acetadryl, and Medrox are prescribed. The applicant will remain off of work, it is suggested. A later note of September 26, 2013 is also notable for comments that the applicant remains off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for Terocin lotion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The applicant is using numerous first-line oral pharmaceuticals without any seeming difficulty, impediment, impairment, and/or intolerance, effectively obviating the need for largely experimental topical compound such as Terocin. The request for prospective approval of Terocin lotion is not medically necessary and appropriate.

**Tramadol ER 150 mg:** 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 When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids such as tramadol is evidence of successful return to work, improved functioning, and/or reduction in pain effected through ongoing opioid usage. In this case, none of the aforementioned criteria is seemingly met. The applicant remains off of work. There is no evidence of improved functioning and/or reduction in shoulder or neck pain effected through ongoing opioid usage. The request for tramadol is not medically necessary and appropriate.

**Acetadryl 25/500mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Information found at <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=59548..>

**Decision rationale:** The MTUS does not address the topic. As noted by the National Library of Medicine (NLM), Acetadryl is indicated in the temporary relief of occasional headaches and minor aches and pain with associated sleeplessness. In this case, as with the other drugs, there is no indication that Acetadryl was effective. There is no evidence that the applicant effected any evidence of functional improvement through prior usage of Acetadryl. It is further noted that the applicant was subsequently issued prescriptions for Remeron or mirtazapine for insomnia, implying that prior usage of Acetadryl was, in fact, ineffectual. The request for Acetadryl is not medically necessary and appropriate.