

<b>Case Number:</b>	CM13-0033183		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 29-year-old dominant male who sustained a work-related injury to his back on 3/30/12 while performing his job duties. There are conflicting dates as to the last time the patient worked but it does appear he currently is not back at work. The patient states that he was working for a whole year until when he re injured himself in May 2013. The 11/13/13 REQUEST FOR Authorization states, "He has not worked since roughly June 2012." While the 9/18/13 office notes states, "The patient has not worked as of June 28, 2013." MRI of the lumbar spine dated 06/11/12 reveals a large left paracentral disc protrusion LS-S1 with free fragment. The patient has completed physical therapy and is doing home exercises as tolerated. Per the 9/18/13 note, the patient complains of constant low back pain, which he rates as 2 to 3 on a pain scale of 0 to 10. He denies wearing back brace or back support or using cane. Pain radiates down to calf. He denies loss of motion. He is able to kneel. He reports no limping when he walks. He denies swelling, numbness, tingling, cramping, or tension but reports spasm. Pain wakes him up at night. He is able to walk for 60 minutes, can sit without getting up for 45 to 60 minutes, and can stand for 15 to 20 minutes without moving. He is able to pivot, bend, squat and can walk on uneven ground but cannot walk uphill or stairs. Currently, he is able to lift 45 to 60 pounds but he could lift 100 to 125 pounds before the injury. He denies weakness below the knee or falling episodes. He has to lie straight to rest his back once a day for about 15 minutes. He reports pain while using the restroom, coughing and straining. He denies feeling numb in the anal area when he wipes. He denies bowel or bladder incontinence. Pain is better with rest and lying on his back and elevating his legs and worse when stepping down. The patient denies associated symptoms of depression, gastrointestinal problems (upset stomach, gastritis, heartburn), sexua

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro tramadol ER 150 mg #30: 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 Page(s): 79,80,82,84,93,94.

**Decision rationale:** At this point there is no documentation indicating significant functional improvement, significant decrease in pain, or extenuating circumstances that warrant continued Tramadol treatment. Therefore, continuing patient on Tramadol is not medically necessary.

### **Prilosec 20mg #60: 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 Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 79,80,82,84,93,94.

**Decision rationale:** Prilosec 20mg #60 is not medically necessary per MTUS guidelines. Per MTUS documentation submitted patient is on Naproxen and has no significant risk factors for gastrointestinal events.

### **Terocin patches #20: 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 Page(s): 56,105,111,112.

**Decision rationale:** Terocin patches #20 are not medically necessary per MTUS guidelines. A Terocin patch contains: Menthol 4%;Lidocaine 4%. Per MTUS guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia" Per MTUS guidelines, "Topical Analgesics are 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. ." Additionally, the MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended." Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of failure of oral first line therapy for peripheral pain such as antidepressants or anticonvulsants, and that patient does not have post herpetic neuralgia and also due to the fact that per MTUS guidelines "Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia," Terocin patch is not medically necessary.

**LidoPro lotion 4 ozs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56,57,105,112,113.

**Decision rationale:** LidoPro lotion 4 oz is not medically necessary per MTUS guidelines. Per guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. Per MTUS guidelines "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Furthermore, "Topical lidocaine may be 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)." There is no evidence patient has tried the above mentioned first line therapy medications. In addition, there is little to no research to support the use of many of these agents. According to the Chronic Pain Treatment Guidelines MTUS (9792.20-9792.26 page 111) There is little use to support the use of many of these agents. (Topical analgesics) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Salicylate topicals are recommended by the MTUS and Lidopro contains methyl salicylate .Menthol- The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. Due to the above reasons LidoPro is not medically necessary. 5. Flexeril 7.5mg #60 is not medically necessary and appropriate

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 41,42, 63,64.

**Decision rationale:** Flexeril 7.5mg #60 is not medically necessary per MTUS guidelines. Per guidelines: " This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)." From documentation submitted patient was prescribed this medication at least dating

back to Feb. 2013. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-Going medication management or treatment plan of this medicine which is only recommended as an option for short term use. Therefore Flexeril is not medically necessary