

<b>Case Number:</b>	CM13-0033415		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/27/2010
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/27/2013
<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 Internal Medicine and Pulmonary Diseases 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 patient is a 66 year old female with complaints of low back, left arm and bilateral knee pain. The patient was found to have bilateral knee degenerative joint disease/osteoarthritis, bilateral knee chondromalacia patella, and lumbar radiculopathy. It was noted the patient started treatment of Tramadol on 08/14/2012. It is unclear if the medication was started prior to that date based on the documentation submitted for review. The patient was treated 2x4 chiropractic sessions with unknown outcome. The documentation noted the patient had participated in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Tramadol ER 150mg, #60 is non-certified. The patient was being seen for chronic pain of her low back, left arm and bilateral knee pain. It was noted that the patient began taking Tramadol on 08/14/2012. It was noted on 10/23/2013 that the patient was

taking the medication and it was helping her with her pain and range of motion. However, the documentation did not give objective finding of efficacy of the medication. The guidelines recommend the use of opioids in patients with ongoing monitoring of the efficacy. The analgesic effect of the medication is not clear in the documentation submitted for review. It is additionally noted that the patient complained of gastritis which was thought to be caused by the medication requested. The patient was then documented to restart the medication noting the gastritis did not resolve once the medication was stopped. The guidelines do not recommend continuation of medications in patients who have adverse effects when taking them. Furthermore, the patient's functional ability was not submitted for review in relation to the requested medication. The guidelines recommend the use of opioids in patients when it will improve their ability to perform daily living activities. Given the information submitted for review the request for Tramadol ER 150mg, #60 is non-certified.

**Terocin pain relief lotion 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical applications Page(s): 112-113.

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

**Decision rationale:** The request for Terocin pain relief lotion 4oz., #1 is non-certified. The California MTUS guidelines recommend the use of Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted for review noted the patient had gastritis but that the patient had continued the medication since she did not believe it was causing her gastritis. Furthermore, the documentation submitted for review did not address alternative medicinal treatments for the patient. The documentation failed to address what specific pain the patient was treating with the lotion. The patient was noted to have pain in her low back, left arm and bilateral knee. The use of capsaicin with lidocaine is further contraindicated in patients without neuropathic pain. Given the information submitted for review the request for Terocin pain relief lotion 4oz., #1 is non-certified.

**Medial branch block for facet arthropathy on the left at L3-L4 and L4-L5 of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint medical branch blocks (therapeutic injections).

**Decision rationale:** The request for medical branch block for facet arthropathy on the left at L3-L4 and L4-L5 of the lumbar spine is non-certified. The patient was noted as having radiculopathy and tenderness to the lumbar facet region. CA MTUS states medial branch blocks

should be done prior to neurotomy. The Official Disability Guidelines only recommend the use of medial branch blocks as a diagnostic tool for patients considered candidates for a neurotomy. The documentation submitted for review did not address a possible procedure for the patient in relation to the medial branch blocks. There was also a lack of objective findings to support facet mediated pain. Given the information submitted for review the request for medical branch block for facet arthropathy on the left at L3-L4 and L4-L5 of the lumbar spine is non-certified.