

Case Number:	CM13-0040541		
Date Assigned:	12/20/2013	Date of Injury:	11/18/2010
Decision Date:	03/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 38 year old injured worker who sustained a work related injury on November 18 2010. The patient subsequently developed knee pain. The patient underwent a right knee surgery on June 2011 and September 10 2012. The patient was treated with physical therapy and TENS unit and steroid injections. Physical examination showed right knee tenderness. The patient was reported to be depressed. The patient was treated with Valium, Vicodin, Norco, Naprosyn, Tramadol, LidoPro cream and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bottle of LidoPro Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines section on Topical Analgesics, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine which is not recommended by the MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Also, there is no documentation of the safety/efficacy of previous use of LidoPro and no justification for the need of 2 topical analgesics containing Lidocaines (LidoPro, Terocin). The request for one bottle of LidoPro cream is not medically necessary and appropriate.

60 tablets of Naprosyn 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Nonselective NSAIDs, Page(s): 107.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Nonselective NSAIDs section, Naproxen is indicated for pain management of chronic neck or back pain. According to the medical records provided for review the patient was on naproxen without any clear evaluation of its efficacy and any screening for potential adverse reactions such as renal, GI and liver dysfunction. The request for 60 tablets of Naprosyn 550mg is not medically necessary and appropriate.

60 tablets of Tramadol extended release 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tramadol Page(s): 113.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Furthermore, the Chronic Pain Medical Treatment Guidelines regarding ongoing use of opioids should follow specific rules:" prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; Office: ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side

effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". Although, Ultram may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. In addition, there is no documentation of patient's compliance to Ultram. The request for 60 tablets of Tramadol extended release 150mg is not medically necessary and appropriate.

20 Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment guidelines section Topical Analgesics; topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by the MTUS. It also contains Lidocaine and there is no clear justification for the use of another topical analgesic that contains lidocaine (LidoPro). In addition, there is no clear documentation of safety and efficacy of the use of Terocin. The request for 20 Terocin Patches is not medically necessary and appropriate.