

<b>Case Number:</b>	CM13-0048618		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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. The expert reviewer is Board Certified in Neurology, 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 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/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 56 year old man who sustained a work related injury on April 1 2010. Subsequently he developed bilateral knee pain and bilateral Achilles tendinitis. According to a note dated on October 18 2013, the patient developed low back pain, knees pain, right elbow pain and bilateral wrist pain. The pain is radiating to both lower extremities. His physical examination demonstrated signs of internal derangement of the knee bilaterally, Achilles tendinitis and plantar fasciitis. His provider requested authorization to use the medications mentioned below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, 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. The MTUS Chronic Pain

Guidelines indicate any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contain Capsaicin, which is a topical analgesic not recommended by the MTUS Chronic Pain Guidelines. In addition, there is no clear documentation of safety and efficacy of the use of Terocin. Based on the above the request for Terocin is not medically necessary and appropriate.

**TRAMADOL ER 150MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Tramadol Page(s): 93-94.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Ultram (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. In addition and according to the MTUS Chronic Pain Guidelines, ongoing use of opioids should follow specific rules, including, "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...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." There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There is no recent evidence of objective monitoring of compliance of the patient with his medications. There is no clear justification for the need for Tramadol. Therefore, the request is not medically necessary and appropriate at this time.

**PROTONIX 20MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 102.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Protonix is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. There is no documentation in the medical records provided for review that the patient is at an

increased risk of GI bleeding. Therefore the prescription of Protonix 20mg #60 is not medically necessary and appropriate.