

<b>Case Number:</b>	CM13-0048723		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/17/2013
<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 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 and is licensed to practice in Oklahoma and Texas. 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 54-year-old female who reported injury on 10/18/2012. The mechanism of injury was not provided. The request was made for medication refills. The patient's diagnosis was noted to be HNP of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg q 7 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 60,26.

**Decision rationale:** The California MTUS Guidelines indicate that Buprenorphine is recommended for the treatment of opiate addiction and is approved for chronic pain. The patient's medication for pain was noted to be Tramadol 150 mg and it was noted on the date of examination, 09/25/2013, that the patient would be discontinuing the Tramadol due to side effects of nausea and vomiting. The request was made for a trial of Butrans 5 mcg #4 to use every 7 days for pain. Per the submitted documentation, there was a lack of quantity being

requested. Given the above, the request for Butrans 5 mg every 7 days is not medically necessary.

**LidoPro topical ointment 4oz, Terocin cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesic, Lidocaine Section, and the Drugs Website Page(s): 105,11.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are no commercially approved topical formulations of Lidocaine that are indicated for neuropathic pain. The California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing Capsaicin / Lidocaine / Menthol / Methyl Salicylate. The clinical documentation submitted for review failed to indicate that the patient had not responded or was intolerant to other treatments. Additionally, there is a lack of documentation indicating the necessity for 2 creams with duplicate ingredients of Lidoderm and Capsaicin. Given the above, the request for LidoPro and Terocin cream would not be supported.