

<b>Case Number:</b>	CM13-0048909		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/21/2013
<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 Physical Medicine and Rehabilitation 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:

This is a 50 year-old male mechanic who was injured on 1/18/2011 when a vehicle backed into him. He has been diagnosed with lumbago and bilateral sciatica. According to the 10/9/13 initial orthopedic report from [REDACTED] the patient presents with low back pain and bilateral leg spasms. The treatment plan included EMG/NCV BLE; Terocin patches for the lumbar spine; Ibuprofen, Tramadol, Theramine. The 11/8/13 report from [REDACTED] notes a flare-up of pain after removing a 150-pound tire from machinery. [REDACTED] recommended renewal of the medications, topical patch and medical food

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The patient presents with low back pain and bilateral leg spasms. This is a request for Tramadol. The earliest report available for this IMR is the 10/9/13 initial orthopedic consultation from [REDACTED]. The report states the patient was taking Vicodin and ibuprofen.

Tramadol was prescribed, as well as Terocin patches and Theramine food. The follow-up report was on 11/8/13, there was a flare-up, but no change in lumbar ROM. The report states the course of treatment has proven to be effective, but there is no explanation of how it was effective, as there is no pain assessment or comparison to a baseline measurement. The next follow-up visit was on 12/3/13, there is no discussion of medication efficacy, lumbar range of motion is unchanged. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Tramadol. MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, the request is not medically necessary and appropriate.

**THERAMINE #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, for: Theramine®.

**Decision rationale:** The patient presents with low back pain and bilateral leg spasms. This is a request for Theramine. The earliest report available for this IMR is the 10/9/13 initial orthopedic consultation from [REDACTED]. The report states the patient was taking Vicodin and Ibuprofen. Tramadol was prescribed, as well as Terocin patches and Theramine food. The follow-up report was on 11/8/13, there was a flare-up, but no change in lumbar ROM. The report states the course of treatment has proven to be effective, but there is no explanation of how it was effective, as there is no pain assessment or comparison to a baseline measurement. The next follow-up visit was on 12/3/13, there is no discussion of medication efficacy, lumbar range of motion is unchanged. There does not appear to be any functional improvement with use of Theramine. Official Disability Guidelines (ODG) specifically state that Theramine is not recommended. The use of Theramine is not in accordance with ODG guidelines. Therefore, the request is not medically necessary and appropriate.

**TEROCIN PATCHES:** Upheld

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

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

**Decision rationale:** The patient presents with low back pain and bilateral leg spasms. This is a request for Terocin patches the earliest report available for this IMR is the 10/9/13 initial orthopedic consultation from [REDACTED]. The report states the patient was taking Vicodin and Ibuprofen. Terocin patches are a dermal patch with 4% Lidocaine, and 4% menthol. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS for topical Lidocaine states: "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 indication that the patient has tried a TCA or SNRI anti-depressant, or AEDs such as Gabapentin or Lyrica. The patient has not met the MTUS criteria for use of topical Lidocaine. Therefore, the whole compounded product that contains Lidocaine is not medically necessary and appropriate.