

<b>Case Number:</b>	CM13-0051550		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, hand pain, trigger fingers, and depression reportedly associated with an industrial injury of October 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and topical agents. In a Utilization Review Report of October 18, 2013, the claims administrator approved a request for postoperative physical therapy, partially certified a generic hot and cold pack, partially certified 20 tablets of tramadol for weaning purposes, denied a hot and cold wrap for the wrist and hand, denied Norflex, denied Terocin patches, denied LidoPro, and denied blood test for anemia, including a basic metabolic panel. The applicant's attorney subsequently appealed. In a November 7, 2013 progress note, the applicant is described as having ongoing complaints of wrist and hand pain. The applicant has reportedly had 5 to 12 sessions of acupuncture. He is not working. In addition to collecting temporary disability benefits through the Workers' Compensation System, the applicant was also filing for State Disability Insurance (SDI). The applicant has minimizing chores around the home, it is stated. Neurontin, tramadol, acupuncture, a gym membership, and reusable hot and cold wrap were sought. It was stated that the gel pack/gel wrap being suggested would not fall off while a more simple low-tech hot and cold pack would fall off. In a subsequent note of December 10, 2013, the applicant was described as having persistent 3-4/10 pain. The applicant has reportedly gained weight, stating that his gym membership was not authorized. The applicant is not working. The applicant also reported depression secondary to chronic pain. A six-month gym membership and 12 sessions of acupuncture were sought. On September 30, 2013, it was again stated that the applicant had ongoing issues with depression, pain, and weakness about the hand and wrist. The applicant was

dropping objects, it was further noted. Medications were again renewed, including tramadol, Norflex, Terocin, and LidoPro. The applicant apparently has had issues with anemia. The attending provider sought laboratory testing to further work up the applicant's issues with anemia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 TRAMADOL ER 150MG (RETROSPECTIVE 9/30/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** Tramadol is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, these criteria have not seemingly been met. The applicant is having difficulty performing even basic activities of daily living. The applicant is having difficulty gripping, grasping, and so on. The applicant is filing for State Disability Insurance (SDI). He apparently has no intention of returning to the workplace and/or workforce. His pain complaints appear to be heightened as opposed to reduced despite ongoing medication consumption. Therefore, the request is not medically necessary and appropriate.

#### **HOT/COLD WRAP FOR WRIST/HAND: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 11, low-tech, at-home applications of hot and cold are considered part and parcel of self-care. In this case, the applicant does have ongoing issues with hand and wrist pains. Provision of hot and cold wrap is indicated to try and palliate the same. Therefore, the request is medically necessary and appropriate.

#### **NORFLEX 100MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Guidelines, muscle relaxants such as Norflex are recommended with caution as a second-line option for acute exacerbations of chronic low back pain. In this case, however, the attending provider has seemingly proposed Norflex for long-term, chronic, and sustained used purposes, which are not indicated, per page 63 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.

**30 TEROGIN PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) page 47.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin, which are, per page 111 of the MTUS Chronic Pain Guidelines "largely experimental." Therefore, the request is not medically necessary and appropriate.

**LIDOPRO CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), LidoPro Drug Guide.

**Decision rationale:** As noted by the National Library of Medicine (NLM), LidoPro is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, capsaicin, per page 28 of the MTUS Chronic Pain Guidelines, is considered a last-line agent, to be employed only in individuals who are intolerant to and/or have not responded to other treatments. In this case, however, there is no compelling evidence of failure of multiple classes of first-line oral pharmaceuticals. Therefore, the request for LidoPro is not medically necessary and appropriate.

**BLOOD TEST FOR ANEMIA: BASIC METABOLIC PANEL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, "Anemia Workup" , <http://emedicine.medscape.com/article/198475-workup>.

**Decision rationale:** The attending provider has alleged that the applicant in fact carries the diagnosis of anemia which has not been worked up to date. Medscape notes that part and parcel of the workup for anemia includes performance of "reliable, accurate test." In this case, since the applicant has apparently not had a thorough workup for anemia, laboratory testing including the basic metabolic panel proposed by the attending provider is indicated. Accordingly, the request is medically necessary and appropriate