

<b>Case Number:</b>	CM13-0056743		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/28/2009
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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:

The patient was injured on 12/28/2009 and sustained orthopedic injury to her neck, low back and right shoulder while preventing her client from falling. Prior treatment history has included physical therapy, TENS unit and trigger point injections. Medications include: Topiramate, Tramadol, Omeprazole and Lidopro ointment. Diagnostic studies reviewed include x-rays of the left knee showing no bone, joint or soft tissue abnormalities. MRI of the lumbar spine showed bulge at L4-5 with degenerative disc disease at the same level. On 06/20/2011 an MRI of the right shoulder was performed showing borderline type 2 acromion process with borderline concern for subacromial impingement with the undersurface of the acromion contacts thickened, supraspinatus tendon. There was also moderate size, full thickness tear of the distal anterior aspect of the supraspinatus tendon at the humeral head intersection superimposed upon moderate tendinosis/tendinitis. PR-2 dated 10/09/2013 documented the patient to have complaints of low back pain radiating to the lower extremities. She also complained of right shoulder pain that is sharp and constant with a pain level of 7/10. She has been using TENS unit with mild relief. Current medications help her to decrease the pain mildly. Objective findings on exam included decreased lumbar and right shoulder range of motion and spasm. She has a positive Tinel's sign. Treatment Plan: The patient is to continue the TENS unit, self care, decline PTP. RTG as scheduled. Trial of Lidopro ointment for topical analgesic. She will continue the following medications: Topiramate, Tramadol, Cyclobenzaprine, Omeprazole and use TENS patches. PR\_2 dated 11/20/2013 documented the patient with complaints of continued low back pain that radiates to left lower extremity. She also complained of right arm pain that is sharp and constant with a pain level of 7/10. Cold weather worsens her pain. She has been using a TENS unit with mild relief. Current medications help her to decrease her pain mildly. She has been doing home exercises regularly. Medications help with pain about 30-40% and help her to improve her

function. She has no suicidal ideation. Objective findings on exam reveal decreased lumbar, cervical and right shoulder range of motion. She has a positive Tinel's sign. She has paraspinal muscle spasm. Treatment Plan: Refill medications but discontinue Cyclobenzaprine. Trial of Trazadone 50 mg 1 po qhs for insomnia. Continue TENS, self care and HEP regularly. Advised her to find volunteer or other meaningful activities per Psych AME [REDACTED] recommendation.

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

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

**TRAMADOL HCL 150MG #30, (DISPENSED, 10/09/2013):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS, Tramadol (Ultram<sup>®</sup>) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state ongoing management of opioids should include several criteria, which include: (c) 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs; (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose; (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The 10/09/2013 PR-2 documented that the patient reported her current medications helped her to decrease the pain mildly. The medical records do not demonstrate the actions recommended for appropriate monitoring of opioid medication use have been utilized. In addition, the medical records do not document any drug screening.

**LIDOPRO OINTMENT 121GM, (DISPENSED, 10/09/2013):** 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:** LidoPro lotion contains Capsaicin, Lidocaine, and Menthol and Methyl Salicylate. According to the CA MTUS guidelines, only Lidocaine in the formulation of Lidoderm patch may be considered 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). The medical records do not establish neuropathic pain. The guidelines state no other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topical Lidocaine is not recommended for non-neuropathic pain. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the guidelines state Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to the case of the patient. Review of the medical records document the patient continues oral medications as well. Recommendation is to non-certify the requested topical compound.

**OMEPRAZOLE 20MG #60, (DISPENSED, 10/09/2013):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** The CA MTUS guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of these potential risk factors apply to this patient. The medical records do not establish any of the above listed criteria exist in this case that would indicate she is at risk for gastrointestinal events, to warrant access to the proton pump inhibitor such as Omeprazole.