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| <b>Case Number:</b>   | CM13-0058584 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 03/27/2013 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 10/28/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2013 |

### 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, has a subspecialty in Pain 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 injured worker is a 49-year-old male who reported a work related injury on 03/27/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbago. The injured worker's past treatment has included medication. Diagnostic studies were not provided for review. The patient's surgical history is not available. On examination on 09/18/2013, the injured worker complained of persistent pain in the low back that radiated to the lower extremities with numbness and tingling. Physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. The seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. His prescribed medications were noted to include Naproxen and Flexeril. The injured worker's treatment plan consisted of authorization for diagnostic studies and lumbar epidural steroid injections, MRI, and electrodiagnostic studies; Naproxen and Flexeril; and followup in 4 weeks. The rationale for Terocin patch was not provided for review, and the rationale for Tramadol was for pain. A Request for Authorization form was submitted for review on 08/26/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 TEROGIN 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 request for Terocin patches is not medically necessary. The California MTUS Guidelines state that all topical analgesics are only recommended after failure of antidepressants or anticonvulsants. Additionally, the MTUS does not recommend topical lidocaine, which is in Terocin, other than the Lidoderm patch form. Topical analgesics are applied topically to painful areas with advantages that include lack of symptomatic effects, absence of drug interaction, and no need to titrate. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. As such, the request for Terocin patch is not medically necessary.

**90 TRAMADOL HYDROCHLORIDE ER 150MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, LONG-TERM ASSESSMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for tramadol is not medically necessary. California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain; the least reported pain over the period since last assessment; average pain; and the intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts, should be included. 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 important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of clinical use of these controlled drugs. In the documentation, the injured worker had a trial of tramadol in 08/2014. Within the documentation provided for review, there is no documentation of pain reduction or significant functional improvement to warrant the continuation of tramadol. Additionally, the documentation did not provide clinical information that contains evidence of significant measures of objective information and functional improvement as a result of continued opioid use. There is a lack of documentation indicating that the injured worker had increased ability to continue activities of daily living with the use of tramadol. Additionally, there is a lack of documentation indicating the adverse effects of the medication, and a risk assessment of the employee for drug related behaviors has been addressed. Therefore, the request for tramadol cannot be warranted. Furthermore, there is no indication that continued use of tramadol will have any benefit to the injured worker's pain. As such, the request for tramadol is not medically necessary.

