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| <b>Case Number:</b>   | CM13-0059572 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/28/2013 |
| <b>Decision Date:</b> | 07/31/2014   | <b>UR Denial Date:</b>       | 11/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2013 |

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 51-year-old female with a reported date of injury on 08/28/2013. The injury reportedly occurred while the injured worker lifted up a patient who weighed approximately 400 pounds. She experienced a popping sensation to her right knee and sharp pain in her neck, right elbow, and back. Her previous treatments were noted to include chiropractic care, physical therapy, and medications. Her diagnoses were noted to include cervical sprain/strain, cervical muscle spasm, lumbosacral sprain/strain, lumbar muscle spasm, right shoulder sprain/strain, right shoulder impingement syndrome, right elbow sprain/strain, right lateral epicondylitis, and right knee sprain/strain. The progress report dated 11/04/2013 reported the injured worker complained of pain to the neck, right elbow, low back, hand, right shoulder, and right knee. The physical examination revealed a brace to the right knee and tenderness was noted to the neck and cervical spine. The request for authorization form was not submitted within the medical records. The request is for Terocin patch, Tramadol 50 mg, and Prilosec 20 mg; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** Terocin patch consists of menthol 4% and Lidocaine 4%. The Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. The guidelines state Lidocaine is indicated for neuropathic pain after there has been evidence of a first-line therapy. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain and there is only 1 trial that tested 4% Lidocaine for treatment of chronic muscle pain and the results showed there was no superiority over placebo. The Terocin patch consists of Lidocaine and menthol which is not the same formulation as Lidoderm and therefore, is not warranted. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

**TRAMADOL 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is a lack of documentation regarding evidence of decreased pain on a numerical scale, improved functional status, side effects, and the last urine drug screen was performed (2010) noted that Tramadol was not detected. Therefore, due to the lack of evidence regarding significant pain relief, increased function, side effects, and without details regarding a recent urine drug screen, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker has been taking this medication for an unknown length of time. The Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events while taking nonsteroidal anti-inflammatory drugs (NSAIDs) such as age greater than 65 years, history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. The injured worker's medication list does not list NSAIDs or medication dyspepsia to warrant Prilosec. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.