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| <b>Case Number:</b>   | CM13-0062585 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 07/07/2004 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 12/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/06/2013 |

### 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 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:

This is a 58-year-old female with a date of injury on July 7, 2004. The mechanism of injury was not noted. An appeal note dated December 27, 2013 noted that the patient works full-time as a CNA. Pain does affect her sleep and wakes her up at night. She also admits to feeling depressed due to chronic pain. Objective exam shows that patient appears tired and is able to abduct her left upper extremity to 150 degrees. She is noted to have functional improvement and reduction in pain level from her current medication regimen. On a physical exam dated November 19, 2013, the patient is not in acute distress, her right lower extremity extends to 180 degrees and flexes to 100 degrees. She wears a knee brace for support. On a progress note dated November 19, 2013, the patient rates her right knee pain at a 3/10 on the pain scale. She denies spasm as well as numbness and tingling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro lotion, 4oz, quantity of one:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines does not recommend non-FDA approved preparations of lidocaine. Lidopro is a combination of Capsaicin .0325%, Lidocaine 4.5%, and Menthol 10%. Furthermore, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation submitted to indicate that this patient has not responded to or is intolerant to other treatments. There is no specific rationale provided as to why this patient needs Lidopro despite lack of guidelines support. Topical lidocaine is not supported by guidelines in a cream or lotion formulation due to concerns regarding lidocaine toxicity due to difficulty in controlling the amount of lidocaine applied. Therefore, the request for Lidopro lotion 4oz, quantity of one, is not medically necessary or appropriate.

**Terocin patches, twenty count:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. Terocin Patch contains 4% lidocaine and 4% menthol. In addition, the Chronic Pain Medical Treatment Guidelines states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). However, there is no evidence that this patient has neuropathic pain or that she failed a trial of first line therapy such as a tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. There is no documentation of the number of patches used, the duration of use, or the location on the body where the patient is using the patches. Therefore, the request for Terocin patches, twenty count, is not medically necessary or appropriate.

**Tramadol ER 150mg, thirty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In an appeal note dated December 27, 2013, it is documented that the patient has continued analgesia and functional improvement from her current medication regimen. She is documented to work

currently full-time as a CNA. The quantity of the Tramadol being requested is not documented on this request, but a note dated December 3, 2013 documents that a quantity of thirty Tramadol ER 150 mg was being requested. Therefore, the request for Tramadol ER 150 mg, thirty count, is medically necessary and appropriate.