

<b>Case Number:</b>	CM13-0066386		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/20/2006
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 patient is a 52 year old male who was injured on 09/20/2006. Mechanism of injury is unknown. Prior treatment history has included the patient being status post two arthroscopies of the knee. He has also had chiropractic therapy, physiotherapy, hot and cold wraps, ankle brace, knee brace, TENS unit, injections and medications. Progress note dated 12/06/2013 documented the patient's low back, left knee and right ankle pain is intermittent throughout the day. Usually the pain is worse in the morning reaching 9/10 on the pain scale. With the use of Norco, the pain decreased to 4-5/10. He also uses topical cream to help decrease the pain sensation. He admits to having spasms in the low back sometimes. Physical therapy helps with low back pain. He denies numbness and tingling. He does use knee brace and ankle brace for support for walking. The patient admits to sleep issue due to chronic pain. He is using Remeron for insomnia and depression. He also admits to having some depression. Objective findings on exam reveal the patient is not in acute distress. He is overweight. He has some limitation of movement of the right ankle due to pain and stiffness. Left lower extremity extends to 180 degrees and flexes to 120 degrees. He wears a knee brace for support as needed. He has tenderness in the low back upon palpation. Diagnoses: 1. Discogenic lumbar condition with MRI being old. 2. Ankle inflammation status post Hyalgan injection with relief. 3. Internal derangement of the knee status post two arthroscopies with access to bracing and knee is doing reasonably well. 4. The patient has element of weight gain. 5. Sleep issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **NORCO 10/325MG RFA 11-01-13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain Chapter: Opioid Hyperalgesia

**Decision rationale:** CA MTUS states Hydrocodone/Acetaminophen (Anexsia®, Co-Gesic®, Hycet; Lorcet®, Lortab®; Margesic-H®, Maxidone; Norco®, Stagesic®, Vicodin®, Xodol®, Zydone®; generics available) is indicated for moderate to moderately severe pain. It is classified as a short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "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 non-adherent) 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)." In this case, the medical records do not indicate this medication is appropriate for this patient. The 10/31/13 medical report documents tenderness of the right ankle with mildly reduced ROM. There are no documented pain levels or indication of medication providing benefit. The medical records document the patient was seen for a follow-up examination on 12/6/2013. At which time he indicates pain ranged from 9/10 in the morning, to 4-5/10 with Norco. The medical records reflect reports of increased pain levels, despite use of opioid medications. The medical records do not establish use of Norco has been beneficial or medically necessary for the management of the patient's complaints. As per the guidelines, chronic use of opioids is not recommended. The request for Norco 10/325mg is not medically necessary.

## **LIDOPRO LOTION 4OZ RFA 11/1/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Lidopro lotion contains capsaicin, lidocaine, 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. The request for Lidopro Lotion 4oz RFA 11/1/2013 is not medically necessary.

**REMERON 15MG RFA 11/1/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment

**Decision rationale:** The 10/31/2013 medical report states Remeron was prescribed for insomnia. According to the Official Disability Guidelines, sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The medical report includes a diagnosis of "The patient has elements of sleep issues as well". The medical records do not include any corroborative description of subjective symptoms nor objective findings/observations to support this very vague statement/diagnosis. In fact, according to the report, the patient denies "anxiety, depression or insomnia." The medical records do not establish the existence of insomnia. In addition, the existence of depression has also not been established. The request for Remeron 15mg is not medically necessary.

**TRAMADO ER RFA 11/1/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram®), Opioids Page(s): 113, 74-96..

**Decision rationale:** According to the CA MTUS Guidelines, Ultram is recommended as a second-line treatment (alone or in combination with first-line drugs). Tramadol is indicated for moderate to severe pain. Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The 10/31/2013 medical report, does not document the patient's pain level with and without medication use, nor establish the existence of continuous moderately severe pain requiring extended release opioid for pain management. The request for Tramadol ER RFA 11/1/2013 is not medically necessary.

**TEROCIN PATCHES #20 RFA 11/1/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state 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 guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request for Terocin Patches #20 is not medically necessary.