

<b>Case Number:</b>	CM13-0068263		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/15/1999
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 injured worker is a 54-year-old female who reported injury on 12/15/1999. The mechanism of injury was not provided. The injured worker's medication history included Theramine, Prilosec, and Ultram ER as of 01/2013. It was indicated the injured worker had neuropathic pain and could not tolerate Neurontin or Lyrica. The documentation of 11/18/2012 revealed the injured worker had better baseline control with Ultram ER and had no gastritis as long as she stayed on Prilosec. The injured worker continued to have complaints of muscle spasms and myofascial pain. Objective findings revealed tenderness to palpation of the paraspinal muscles and trigger points on the left greater than right upper trapezius muscles. The injured worker complained of radiating pain to the left shoulder into the scapular region. The injured worker indicated the pain at C5-6 was 90% to 95% improved since the last selective epidural injection on 03/08/2013. The diagnosis was lumbosacral neuritis. The treatment plan included continuation of medications, consideration of a repeat cervical selective transforaminal epidural injection, and to continue to progress with spinal rehabilitation exercise program and increase aerobic exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR PRESCRIPTION OF TRAMADOL/APAP  
37.5/325MG, #120 (DOS: 11/18/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, opioid dosing Page(s): opioid dosing.

**Decision rationale:** California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for side effects and aberrant drug behavior. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 01/2013. There was documentation the injured worker was being monitored for side effects. There was a lack of documentation indicating the injured worker had objective functional improvement as well as an objective decrease in pain to support continuation of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for prescription of Tramadol/apap 37.5/325mg, #120 (DOS: 11/18/13) is not medically necessary.

**RETROSPECTIVE REQUEST FOR PRESCRIPTION OF TEROCIN PAIN RELIEF LOTION (DOS: 11/18/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATE, TOPICAL ANALGESIC, TOPICAL CAPSAICIN, LIDOCAINE, Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine and Lidoderm: No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS Guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review indicated the injured worker had neuropathic pain. There was documentation the injured worker had a failure of anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations as Lidocaine is not recommended in any other topical form than Lidoderm patches. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the quantity and strength for the requested medication. Given the above, the retrospective request for prescription of Terocin pain relief lotion (DOS: 11/18/13) is not medically necessary.

