

<b>Case Number:</b>	CM14-0004045		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 57 year old female who reported an injury on 09/29/2010, due to a fall. The clinical note dated 01/28/2013 presented left ankle and bilateral knee pain. The injured workers physical exam noted range of motion values of 0 degrees of left knee extension and 110 degrees of left knee flexion. The injured worker was diagnosed with left knee pain due to lateral patellar and ankle tenosynovitis of the posterior tibialis tendon. The provider recommended Lidopro Cream, Ultram 50 MG, Naproxen 60MG, and Terocin patches #20. The request for authorization form was not included in the medical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 TUBE OF LIDOPRO CREAM 4 OUNCES: Upheld**

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

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

**Decision rationale:** The request for 1 tube of Lidopro cream 4 ounces is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or

safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical Capsasin, which is an ingredient in Lidopro; is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidopro include lidocaine as an active ingredient, however the guidelines do not support the use of lidocaine in any other topical formulation aside from Lidoderm. Therefore, the request is not medically necessary.

**ULTRAM 50 MG # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram), Page(s): 113.

**Decision rationale:** The request for Ultram 50MG #60 is not medically necessary. The Chronic Pain Medical Treatment Guidelines, recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultram is not recommended as a first-line oral analgesic. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.

**NAPROXEN 550 MG # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Naproxen, Page(s): 66.

**Decision rationale:** The request for Naproxen 550MG #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, recommend Naproxen at the lowest dose for the shortest period for injured workers with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There was a lack of an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.

**TEROCIN PATCHES # 20:** Upheld

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

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

**Decision rationale:** The request for Terocin Patches #20 is non-certified. The Chronic Pain Medical Treatment Guidelines, state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin Patches include lidocaine as an active ingredient; however the guidelines do not support the use of lidocaine in any other topical formulation aside from Lidoderm. The requesting physician did not provide a clear rationale for medical necessity, and there was no evidence of an adequate and complete pain assessment in the medical documents. Therefore, the request is not medically necessary.