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| <b>Case Number:</b>   | CM14-0004317 |                              |            |
| <b>Date Assigned:</b> | 02/05/2014   | <b>Date of Injury:</b>       | 10/30/2007 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/11/2014 |

### 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 Illinois. 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 55-year-old who reported an injury on October 30, 2007 due to an unknown mechanism. The clinical note dated April 17, 2014 indicated diagnoses of discogenic cervical condition with facet inflammation and radiculopathy on the left, impingement syndrome of the shoulder on the left with positive MRI findings, rotator cuff strain on the right as a compensatory issue, resolution of problems with regard to the elbow and sleep issues. The injured worker reported pain to the left neck and left shoulder and admitted to sleep issues occasionally. He reported his pain was mostly with movement and his neck pain increased when fixated in one position. The injured worker reported he avoided heavy lifting and repetitive movement with the left upper extremity to avoid increased pain. He reported constant numbness and tingling in the left hand. The injured worker reported he used hot and cold modalities for pain as needed. On physical exam, the injured workers neck extension was 25 degrees and flexion was 25 degrees. The left upper extremity abducted to 140 degrees. The injured workers medication regimen included Tramadol ER and Naproxen. The request for authorization was submitted on November 25, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LIDOPRO 4 OUNCES QTY:1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), , 111-113

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

**Decision rationale:** The injured worker was diagnosed with discogenic cervical condition with facet inflammation and radiculopathy on the left, impingement syndrome of the shoulder on the left with positive MRI findings, rotator cuff strain on the right as a compensatory issue, resolution of problems with regard to the elbow and sleep issues. The ingredients in Lidopro include capsaicin 0.0325%, lidocaine 4.5%, and menthol 10%. The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Lidopro cream contains lidocaine which, according to Chronic Pain Medical Treatment Guidelines, is not recommended in topical formulations other than Lidoderm. In addition, the Chronic Pain Medical Treatment Guidelines indicate capsaicin is generally available as 0.025% the 0.0325 % in the Lidopro cream it exceeds the recommended formulation. It did not appear the injured worker had a diagnosis for which capsaicin would be indicated. The request for Lidopro 4 ounces, quantity of one, is not medically necessary or appropriate.

**TEROCIN PATCHES QTY: 20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC MEDICAL TREATMENT GUIDELINES (2009), TOPICAL ANALGESICS, 111-113

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

**Decision rationale:** The injured worker was diagnosed with discogenic cervical condition with facet inflammation and radiculopathy on the left, impingement syndrome of the shoulder on the left with positive MRI findings, rotator cuff strain on the right as a compensatory issue, resolution of problems with regard to the elbow and sleep issues. The Terocin patch ingredients include menthol 4% and lidocane 4%. The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The terocin patch contains lidocaine which according to the Chronic Pain Medical Treatment Guidelines is not recommended in topical formulations other than Lidoderm. The request for twenty Terocin patches is not medically necessary or appropriate.

**(RETRO DOS 11/22/13) TRAMADOL ER 150 MG QTY: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), , 93

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-95

**Decision rationale:** The injured worker was diagnosed with discogenic cervical condition with facet inflammation and radiculopathy on the left, impingement syndrome of the shoulder on the left with positive MRI findings, rotator cuff strain on the right as a compensatory issue, resolution of problems with regard to the elbow and sleep issues. The California Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. The request for Tramadol ER 150 mg, thirty count, provided on November 22, 2013, is not medically necessary or appropriate.