

<b>Case Number:</b>	CM14-0005055		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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 has filed a claim for bilateral tunnel syndrome, bilateral lateral epicondylitis, bilateral cubital tunnel syndrome, and cervical strain associated with an industrial injury date of January 2, 2012. Treatment to date has included TENS unit, acupuncture, opioid and non-opioid pain medications, carpal tunnel injection, physical therapy, chiropractic sessions, and bracing. Medical records from 2012-2014 were reviewed showing the patient complaining of daily bilateral forearm pain rated at 3/10. There is also associated numbness in the bilateral forearms as well as neck spasms. Her activities of daily living are affected by the symptoms; she is unable to walk her dog, carry a gallon of milk, and lift a cooking pot. The patient is not working. On examination, the patient was noted to be overweight. Range of motion for the neck was noted to be limited. The bilateral elbow and wrist/hand had satisfactory ranges of motion. Electrodiagnostics from January 2013 demonstrated moderate left and mild right carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5MG QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, the patient has been using Flexeril since 2012. Guidelines do not recommend long-term use and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flexeril is not medically necessary and appropriate.

**ULTRAM 50MG QTY:60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Classification-Tramadol (Ultram) Page(s): 75.

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

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using tramadol since 2012. Functional benefits and analgesia from the use of tramadol were not documented. Proper monitoring of opioid use and adverse effects were also not documented. Therefore, the request for Ultram is not medically necessary and appropriate.

**LIDOPRO LOTION 4 OUNCES QTY:1.00:** 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 Page(s): 111-113.

**Decision rationale:** Lidopro contains lidocaine and capsaicin. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS only recommends lidocaine as a topical formulation with no other components. CA MTUS also recommends capsaicin only one all other treatments have failed. In this case, the patient was prescribed this medication in December 2013. However, guidelines do not support this medication and there is no compelling evidence concerning the need for variance. Therefore, the request for Lidopro is not medically necessary and appropriate.

**TEROCIN PATCHES QTY:20.00:** Upheld

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

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

**Decision rationale:** Terocin Patch contains lidocaine 4% and menthol. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS only recommends lidocaine as a patch and a 5% formulation. CA MTUS is silent on menthol but it is recognized as part of most salicylate topicals, which are recommended. In this case, the patient was prescribed Terocin patches in December 2013. However, due to the formulation of this medication, it is not recommended by guidelines. There is also no compelling evidence for variance from the guidelines. Therefore, the request for Terocin patches is not medically necessary and appropriate.