

<b>Case Number:</b>	CM14-0005581		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 44 year old male who reported an injury on 08/15/2012. The injured worker had a physical evaluation on 12/13/2014 with complaints of bilateral foot pain. The findings included difficulty with ambulation and the diagnosis of crush injury to the left foot, fracture of the hallux with degenerative joint disease of the interphalangeal joint noted on x-ray and plantar facitis of the right heal. A heel injection and peripheral nerve block were provided for right heel pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL EXTENDED RELEASE 150MG/#60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM), Page(s): 113.

**Decision rationale:** The request for Tramadol Extended Release 150mg #60 is non-certified. The CA MTUS Guidelines note Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The California MTUS 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. The injured worker has been on Tramadol over a year as documented on a clinical note dated 04/09/2013. The data collected at the time of his last physical evaluation did not provide an adequate and complete pain assessment. It was unclear if the injured worker has any side effects from the medication and when a urine drug screen was last performed. Within the provided documentation it was unclear whether Tramadol is effective. Therefore, the request is not medically necessary or appropriate.

**TEROCIN PATCH/#10:** Upheld

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

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

**Decision rationale:** The request for Terocin Patch #10 is non-certified. Terocin is a topical pain relief patch that contains Methyl Salicylate, Capsaicin, Menthol and Lidocaine. CA MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion, or gels) capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants and gabapentin and other antiepilepsy drugs are not recommended for topical application; and that any compounded product that contains at least one drug or drug class is not recommended is not recommended. Within the medical information available for review, the requesting physician did not include an adequate and complete assessment of the injured worker pain. It was unclear if the injured worker failed NSAIDs for pain. It did not appear the injured worker was intolerant of medications or their medications did not provide relief. Additionally, Lidocaine, other than in the formulation of Lidoderm, is not recommended for topical application. Therefore, based on the guidelines and the review of the clinical notes the request for Terocin is not medically necessary or appropriate.

**ZOLPIDEM TARTRATE 5MG/#30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

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

**Decision rationale:** The request for Zolpidem Tartrate 5mg #39 is non-certified. The Official Disability Guidelines note Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper

sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. It was unclear how long the injured worker has been prescribed this medication. The efficacy of the medication was unclear. Additionally, the requesting physician did not include adequate documentation regarding the injured workers symptomatology. Therefore, the request for Zolpidem is not medically necessary or appropriate.