

<b>Case Number:</b>	CM14-0117191		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 30 year old female with a date of injury of 09/28/2013. A heavy door fell onto her back at that time. She has been complaining of back pain radiating into the left shoulder and down into the abdomen, right hip, and thigh regions. The physical exam has revealed tenderness to palpation of the lumbar paraspinal musculature and facet joints, diminished lumbar range of motion, positive straight leg raise testing on the left, and diminished sensation in the left sided L3-L4 dermatomes. Lower extremity reflexes and strength are normal. MRI scans of the thoracic and lumbar spine and the abdomen were normal. EMG and NCV testing of the lower extremities were normal. Her diagnoses include discogenic thoracic disease, discogenic lumbar condition with facet inflammation, left sided lumbar radiculopathy, and iliolumbar strain. She has been treated with oral anti-inflammatory and opioids, muscle relaxants, and topical analgesics. She has had physical therapy, chiropractic, and acupuncture symptoms. As of 6-23-2014 there was no real improvement in pain or functionality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches, #20:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** Terocin patches contain Capsaicin .025%, Menthol 10%, Lidocaine 2.5%, and Methyl Salicylate. The referenced guidelines state that any compound containing one or more non-recommended ingredients is not recommended. Lidocaine is recommended for localized peripheral nerve pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). The guidelines do not recognize a usage for menthol. In this case, there is no evidence that a localized neuropathy is present or that an anti-epilepsy medication or antidepressant were used first. Therefore, Terocin Patches are not medically necessary under the guidelines.

**Lidopro Lotion, 4 ounces:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** Lidopro lotion contains Capsaicin / Lidocaine / Menthol / Methyl Salicylate topical. The referenced guidelines state that any compound containing one or more non-recommended ingredients is not recommended. Lidocaine is recommended for localized peripheral nerve pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). The guidelines do not recognize a usage for menthol. In this case, there is no evidence that a localized neuropathy is present or that an anti-epilepsy medication or antidepressant were used first. Therefore, Lidopro lotion, 4 ounces, is not medically necessary.

**Naproxen 550MG, #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-inflammatory medications

**Decision rationale:** Per the referenced guidelines, a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in acute and chronic low back pain, of muscle relaxants in acute low back pain, and of antidepressants in chronic low back pain. In chronic low back pain, NSAIDs like naproxen are recommended as an option for short-term symptomatic relief. A review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that

NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Thus it appears that the literature and recommendations on NSAIDs for chronic low back pain are mixed. Because it is a recommendation of the treating physician, Naproxen 550MG, #60 is medically necessary.

**Tramadol ER 150MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Tramadol is recommended as an option for chronic pain. Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/ acetaminophen. However, when opioids are used chronically there should be ongoing monitoring of pain relief, functionality, adverse side effects, and for any aberrant drug taking behavior. Opioids should be discontinued if there is no improvement in functionality. In this instance, the tramadol containing products have been prescribed for several months without apparent gains in pain control or functionality. Therefore, Tramadol ER 150 mg, #30 is not medically necessary.