

<b>Case Number:</b>	CM14-0167463		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 patient is a 66 year old female who sustained an injury on 08/25/2014. The mechanism of injury is unknown. Progress report dated 08/25/2014 states the patient presented with complaints of ongoing pain in the right shoulder with difficulty lifting her shoulder. On exam, the right shoulder revealed weakness with external rotation and abduction. There is a 70% loss of motion in all directions. There is positive impingement noted as well. The patient is diagnosed with right shoulder impingement syndrome, right shoulder rotator cuff tear; and right shoulder possible labral tear. The patient was prescribed Terocin patch for direct application to her shoulder, fenoprofen 400 mg, and Ultram ER for long-term pain relief. Prior utilization review dated 09/12/2014 states the request for Terocin Patch DOS: 8/29/14 and Fenoprofen 400mg DOS: 8/29/14; and Ultram ER 150mg QTY. 60 DOS: 8/29/14 is not certified as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch DOS: 8/29/14:** 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:** According to the references, Terocin patches contain lidocaine and menthol. The California MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. Furthermore, there is no evidence of neuropathic pain in this IW. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is not medically necessary.

**Fenoprofen 400mg DOS: 8/29/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal antiinflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** According to the California MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature 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. Long term use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function and is associated with GI or renal side effects. In this case, it is not clear how long the IW has been taking this medication and there is little to no documentation of any significant improvement in pain level of function with continuous use. In the absence of objective functional improvement, the medical necessity for Fenoprofen has not been established.

**Ultram ER 150mg QTY. 60 DOS: 8/29/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be

continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative methods of pain management such as home exercise program or modalities (i.e. hot/cold). Therefore, the medical necessity of Ultram ER has not been established in accordance to guidelines.