

<b>Case Number:</b>	CM14-0179208		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 54 year old male with a date of injury of 4-5-2013. He injured his back by moving objects weighing up to 100 pounds. He complains of back pain radiating to the lower extremities and weakness in the right lower extremity. An MRI scan of the lumbar spine from 7-1-2013 revealed a facet fluid collection at L3-L4 but was otherwise normal. The physical exam shows diminished lumbar range of motion, tenderness over the lumbar facet joints, and diminished sensation to the L5 distribution region bilaterally, but otherwise a normal lower extremity neurologic examination. He was started on Tramadol for pain on 9-17-2013 and was given a transcutaneous electrical nerve stimulation (TENS) unit on a trial basis on 9-26-2013. He has had chiropractic and physical therapy sessions and has been advised to continue with his home exercise program. The Tramadol is said to help his pain 50-70%. The injured worker is not currently working as the employer was unable to accommodate the restrictions. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, and foot sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL/APAP 37.5/325 mg, ninety count,:** Upheld

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

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

**Decision rationale:** For those requiring opioids like Ultracet chronically, it is required to have ongoing monitoring for pain relief, functionality, adverse side effects, and any aberrant drug taking behavior. In this instance the quantities of Ultracet (Tramadol HCL/APAP 37.5/325 mg) were recently modified/reduced by utilization review to allow for better documentation of functionality and monitoring for aberrant drug taking behavior. However, the documentation reviewed here does not show how functionality has changed as a consequence of the medication. There seems to be no narcotic agreement on file. There are no references to urine drug screens or CURES reports within the submitted documents. Therefore, Tramadol HCL/APAP 37.5/325 mg, ninety count, is not medically necessary in view of the submitted documentation and with reference to the stated guidelines.

**Terocin 120 ml:** Upheld

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

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

**Decision rationale:** The referenced guidelines state that if a compound contains a single ingredient that is not recommended, then the entire compound cannot be recommended. In this instance Terocin contains lidocaine, a topical anesthetic, methyl salicylate, an anti-inflammatory, menthol, and capsaicin. Lidocaine has not been approved for use in a lotion form and has only been approved as a patch (Lidoderm). Topical anti-inflammatories are recommended for short term use over generally accessible joints like elbows or knees, not the back. Capsaicin, which is derived from chili peppers, causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with nociceptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Topical capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this instance, the injured worker has responded to other treatments, namely oral opioids. Because of the lack of medical appropriateness of each ingredient, Terocin lotion 120 ml is not medically necessary.

**Transcutaneous electrical nerve stimulation (TENS) patch, four count:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, TENS (transcutaneous electrical nerve stimulation)

**Decision rationale:** There is strong evidence that TENS is not more effective than placebo or sham for chronic low back pain. There is minimal data on how efficacy is affected by type of application, site of application, treatment duration, and optimal frequency/intensity. There are sparse randomized controlled trials that have investigated TENS for low back pain. On June 8, 2012, the Centers for Medicare & Medicaid Services (CMS) issued an updated decision memo concluding that TENS is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. Coverage is available only if the beneficiary is enrolled in an approved clinical study. In this instance, there seems to have been no follow up after a 30 day trial of the TENS unit in terms of pain reduction, frequency and duration of use, etc. There seems to be no mention of how the TENS unit is being used at home or if it has been at all beneficial. The TENS unit lacks medical justification, therefore, #4 TENS patches are not medically necessary.