

Case Number:	CM14-0020323		
Date Assigned:	04/25/2014	Date of Injury:	09/09/2010
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 [REDACTED] and has submitted a claim for chronic pain associated with an industrial injury date of September 9, 2010. Treatment to date has included multiple orthopedic surgeries (dated March 11, 2013, September 2013), physical therapy, fluoroscopically guided medial branch block, and pain medications. Medical records from 2013 to 2014 were reviewed. The patient who sustained multiple injuries to the feet, left elbow, right shoulder, right hip, right knee and neck, has chronically experienced neck and shoulder pain. On physical examination there is tenderness along the cervical paraspinal muscle bilaterally, as well as the rotator cuff tendon, biceps tendon and along the carpometacarpal and wrist extensors bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 100MG QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78; 82; 94.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines page 82 states that opioid analgesics and Tramadol are not considered as first-line treatment for neuropathic pain, unless prompt pain relief is needed while titrating a first-line drug, and treatment of episodic severe pain exacerbations. In addition, pages 77-78 states that ongoing opioid treatment should include monitoring of analgesia, activities of daily, adverse effects and aberrant-drug taking behaviors. In this case, the patient has been using Tramadol since April 2013 and despite its prolonged use, there is no documentation showing sufficient evidence to prove functional improvement. Furthermore, page 94 states that Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs. Patient is likewise being prescribed with trazodone, a tricyclic antidepressant. There is no discussion regarding adjuvant prescription of these two drugs when it is not recommended. Therefore, the request for Tramadol ER 100mg quantity 30.00 is not medically necessary and appropriate.

LIDO-PRO LOTION 4OZ. QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Capsaicin.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. LidoPro topical ointment contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. Regarding the Menthol component, the MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component; the MTUS Chronic Pain Medical Treatment Guidelines states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, patient has been using Lido-Pro Lotion since April 2013; however, this compound medication is not supported by the guidelines. There is no evidence that the patient is intolerant to oral analgesics warranting topical medication use. There is no discussion concerning the need for variance from the guideline. Therefore, the request for Lido-Pro lotion 4oz. quantity: 1.00 is not medically necessary and appropriate.

TEROCIN PATCHES QTY: 20.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Capsaicin.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, the MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no evidence the patient has been on a first line therapy. Furthermore, there is no discussion why multiple topical analgesics are being prescribed when there is no evidence that the patient is intolerant to oral medications. Therefore, the request for Terocin Patches quantity 20 is not medically necessary and appropriate.