

<b>Case Number:</b>	CM14-0022097		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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:

This is a 60-year-old male with an 8/8/12 date of injury. The mechanism of injury was not noted. According to a 1/14/14 progress note, the patient complained of having more left shoulder pain. He mentioned that the fingers of his left hand are going numb. He finds benefit from his pain medication, especially the anti-inflammatory that he uses. He mentioned that with the anti-inflammatory Motrin, he is able to drive his car, bend over and tie his shoes and has some minor improvement in active range of motion of the left shoulder. Objective findings are as follows: Pont tenderness over the anterior and superior aspects of the left shoulder, cervical paraspinal strap muscles are quite tight bilaterally, nuchal ridge tension at the base of the occiput reduplicating his headaches, diagnostic impression, status post left shoulder surgery, Thoracic strain, Lumbar strain, Cervical sprain/strain with headaches, Radicular symptoms in the left upper extremity, and adhesive capsulitis. Treatment to date includes: medication management, activity modification, surgery, and physical therapy. There was no documentation that the prescriptions were from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. An online search revealed that Tramcap C is a non-FDA reviewed or approved, natural alternative to use for dry and rough skin. Guidelines do not support Tramcap C in the management of the cited injury/condition. Diflur 120g is an anti-inflammatory lotion. There is no documentation of subjective and objective findings consistent with osteoarthritis pain in joints that lend themselves to topical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, according to the 1/14/14 progress note, the patient stated that his pain is mostly relieved with Motrin; there is no mention of Norco helping his pain. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325 mg #60 was not medically necessary.

**TOPICAL TRAMCAP C AND DIFLUR, 120G:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS - NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.seacoast.com/topic.php?health=tram+cap+c+cream>.

**Decision rationale:** The California MTUS and the ODG do not address Topical Tramcap C. An online search revealed that Tramcap C cream is a product for dry and rough skin and is a moisturizer for the skin. There is no documented medicinal benefit from this product. The MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the 2/11/14 UR decision and a 1/14/14 progress note, Diflur is a topical anti-inflammatory lotion. The ingredients of Diflur lotion were not documented. An assessment to the medicinal benefit of a product cannot be made without knowledge of the ingredients of the product. Therefore, the request for Topical Tramcap C and Diflur, 120g was not medically necessary.