

<b>Case Number:</b>	CM14-0035818		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/10/2008
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Florida. 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 34-year-old female who reported an injury on 09/10/2008. The mechanism of injury was not provided within the documentation submitted for review. Her diagnoses were noted to be discogenic cervical condition with facet inflammation, for which there is no diagnostic testing; impingement syndrome and bicipital tendinitis of the shoulder on the right status post decompression; labral repair; and modified Mumford procedure with improvement; rotator cuff strain on the left with no major findings on examination; epicondylitis laterally and bilaterally, but not to stretch resisted function; and carpometacarpal joint inflammation of the thumb bilaterally. The injured worker was noted to have had treatments of medication and a transcutaneous electrical nerve stimulation unit. The injured worker was noted to have diagnostic nerve studies and an MRI. The injured worker was noted to have shoulder surgery and wrist surgery. On 02/11/2014, the injured worker was noted to have a physical examination with subjective complaints of pain in the left arm. The objective findings included tenderness along the medial and lateral epicondyle noted. Motion of the elbow was satisfactory. Tenderness along the infraclavicular area on the left side was noted with Tinel's and median nerve distribution. Tenderness along the posterior capsule of the shoulder was noted. The motion of the shoulder was somewhat limited on the left. The injured worker was noted to have medications of Protonix, Flexeril, naproxen, and tramadol. The treatment plan was for medications and the injured worker to return to work with restrictions. The rationale for the request was provided within the treatment plan. The Request for Authorization form was not provided with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches:** 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) 111-112 Page(s): 111-112.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that topical compounds are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Terocin patches contain methyl salicylate, capsaicin, menthol, and lidocaine. The guidelines state capsaicin is recommended only as an option if the patient has not responded to or is intolerant of other treatments. The guidelines state that the Lidoderm topical form is only approvable when it is a Lidoderm patch; not in a combination compound patch. It is not noted that the injured worker has had a failed trial of antidepressants or anticonvulsants. The patch contains a combination that the guidelines do not approve of. The provider's request failed to indicate a frequency and a quantity. As such, the request for Terocin patches is not medically necessary.

**LioPro Crean:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-112 Page(s): 111-112.

**Decision rationale:** LidoPro is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Capsaicin is recommended only as an option in patients who have not responded to are intolerant to other treatments. Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Due to the guidelines and a lack of documentation of failure of first line therapy with antidepressants or anticonvulsants, the request for LidoPro is not medically necessary. In addition, the request failed to provide a frequency, a dose, and a quantity. Therefore, the request for LidoPro cream is not medically necessary.

**Protonix 20mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 68-69 Page(s): 68-69.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The injured worker did not have documentation to support being at risk of a gastrointestinal event. The injured worker is under 65 years of age; does not have a history of peptic ulcer; does not have documentation of gastrointestinal bleeding or perforation; is not concurrent use of an aspirin program; does not have any indication of multiple doses of high dose NSAIDs; or on an anticoagulant. In addition, the provider's request fails to provide a dosage frequency. Therefore, the request for Protonix 20 mg quantity of 60 is not medically necessary.

**Flexeril 7.5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS, page(s) 41 Page(s): 41.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is within the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The documentation provided for review indicated the injured worker with long-term use of Flexeril. It is not noted the efficacy of the medication for symptom management. In addition, Flexeril is only indicated by the guidelines for short courses of therapy. The provider's request for Flexeril failed to provide a dosage frequency. Therefore, the request for Flexeril 7.5 mg quantity of 60 is not medically necessary.

**Naproxen 550mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, page(s) 67 Page(s): 67.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest

duration of time consistent with the individual patient's treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The documentation submitted for review does not indicate with long-term use of NSAIDs, a functional improvement or an objective decrease in pain. In addition, the provider's request failed to indicate a dose frequency. Therefore, the request for naproxen 550 mg quantity of 60 is not medically necessary.

**Tramadol ER 150mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management, page(s) 78 Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review failed to provide an adequate pain assessment. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decrease pain, increased level of function, or improved quality of life. Due to a lack of documentation to support an adequate pain assessment for an opiate and due to the provider's lack of an indication of a drug frequency, the request for tramadol ER 150 mg is not medically necessary.