

Case Number:	CM14-0039115		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2003
Decision Date:	09/11/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal 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:

Patient is an injured worker with neck, low back, and the left shoulder conditions. Date of injury was 02-18-2003. Progress report dated March 4, 2014 was provided by [REDACTED]. Patient was currently not working and presented for a follow-up evaluation regarding condition of the neck, low back, and the left shoulder. Subjective complaints of the patient were documented. Patient has constant pain at 6-8/10. Norco decreases pain to 2-3/10 making pain more manageable and allowing her to be more functional during the day. She admits to spasms in the left arm, left leg, and the low back. Flexeril helps to decrease the intensity and frequency of spasm. She also has occasional spasms in the left side of the neck. She admits to numbness and tingling in the left hand as well as the left knee. These symptoms cause the left arm to be weaker than the right. She has incidents of dropping items. Pain in the low back increases when sitting longer than 30 minutes, standing longer than 5 minutes, and walking longer than 10 minutes. This patient ambulates with a cane. She has been attempting to engage in doing more chores so as to improve her functionality; however, she burned her left forearm while cooking. She admits to sleep issue in that pain wakes her up at night. She also admits to feeling depressed at times due to chronic pain that interfere with daily activities and negatively affects her daily life. She prefers to use hot modalities for pain as needed. MRI of the lumbar spine shows multilevel disc disease. Request for repeat MRI of the cervical spine as well as ENT studies to further evaluate for progression of her disease have been denied. In terms of the left shoulder, the physician requested for left shoulder operative arthroscopy decompression, evaluation of rotator cuff, and modified Mumford procedure that has been denied. The surgery is for the purpose of allowing her to be more functional. Chronic pain has affected her ability to do daily tasks. Past medical history includes hypertension. Regarding review of systems, she admits to pain in neck, low back, left shoulder, and the left knee. She also admits to sleep issue as well as

elements of depression. Physical examination was documented. Blood pressure cannot be obtained at this time. This patient is not in acute distress. She is asymptomatic. Neck extension to 20 degrees and flexion to 20 degrees. Left upper extremity abducts to 110 degrees. Lumbar extension to 20 degrees and flexion to 35 degrees. Diagnoses were discussed. Cervical sprain with facet inflammation and radiculitis, for which EMGs have not in the past shown any findings. MRI of the neck has not been done. Most recent MRI shows impingement and prominence along the inferior aspect of the AC acromioclavicular joint, previously there was evidence of articular tear of the MRI. Patient had epicondylitis laterally on the left, carpal tunnel syndrome on the left status post decompression with persistent symptomatology, discogenic lumbar condition with radicular component down the left lower extremity. Left knee derangement is not part of this claim. Assessment plan and authorization were discussed. Patient was still awaiting for approval for appeal for left shoulder operative arthroscopy and decompression, evaluation of rotator cuff, and Mumford procedure as well as preoperative clearance including lab work, PolarCare rental for 21 days, general anesthesia and Norco 10/325 mg (#120) for pain, amoxicillin 875 mg (#20) for prophylactic anti-infective measure, Topamax 50 mg (#120) for neuropathic pain, Zofran 8 mg (#20) for post-op nausea, as well as the immobilizer for the left arm. In terms of medications, she received a handwritten prescription for Norco 10/325 (#75) for pain and Tramadol ER 100 mg (#30) for long-acting pain relief. She also receives the following medications from our office including Naproxen 550 mg (#60) for anti-inflammation, Protonix 20 mg (#60) to treat stomach upset from taking medications, and Topamax 50 mg (#60) for neuropathic pain. Instructions on how to take prescribed and dispensed medications were provided. Utilization review decision date was 03-17-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back - EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses EMG. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that EMG for diagnosis of nerve involvement, if findings of history, physical exam, and imaging study are consistent, is not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) state that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. Progress report dated March 4, 2014 documented an evaluation regarding condition of the neck, low back, and the left shoulder. Subjective complaints of the patient were documented. Patient has constant pain at 6-8/10. She admits to spasms in the left arm. She also has occasional spasms in the left side of the neck. She admits to numbness and tingling in the left

hand. These symptoms cause the left arm to be weaker than the right. She has incidents of dropping items. Physical examination was documented. This patient is not in acute distress. She is asymptomatic. Neck extension to 20 degrees and flexion to 20 degrees. Diagnoses included cervical sprain with facet inflammation and radiculitis, for which EMGs have not in the past shown any findings. MRI of the neck has not been done. Imaging studies results were not documented. Medical records document a diagnosis of cervical sprain with facet inflammation and radiculitis. EMGs have not in the past shown any findings, according to the progress report dated March 4, 2014. Physical examination does not document neurological compromise of the cervical spine or upper extremities. Imaging studies results were not documented. ACOEM guidelines require imaging studies to corroborate the patient's history and physical exam. Work Loss Data Institute guidelines state that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. Medical records, ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of EMG. Therefore, the request for EMG Bilateral Upper Extremities is not medically necessary.

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back -EMGs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. ACOEM 3rd Edition states that electrodiagnostic studies, which include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Progress report dated March 4, 2014 documented the diagnosis of discogenic lumbar condition with radicular component down the left lower extremity. This diagnosis suggests that the patient has clinically obvious radiculopathy. ACOEM guidelines states that EMG for clinically obvious radiculopathy is not recommended. MRI of the lumbar spine shows multilevel disc disease. There was no indication that the MRI was equivocal. Physical examination does not document neurological compromise of the lumbosacral spine or lower extremities. Medical records and ACOEM guidelines do not support the medical necessity of EMG. Therefore, the request for EMG Bilateral Lower Extremities is not medically necessary.

Anoxicillian 875mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines for antimicrobial prophylaxis in surgery. American Journal of Health-System Pharmacy. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283. Guideline.Gov <http://www.ajhp.org/content/70/3/195.long>.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address antimicrobial prophylaxis. Clinical practice guidelines for antimicrobial prophylaxis in surgery published in the American Journal of Health-System Pharmacy (2013) state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures, arthroscopy, and other procedures without instrumentation or implantation of foreign materials. Progress report dated March 4, 2014 documented that the patient was awaiting for approval for appeal for left shoulder operative arthroscopy and decompression, evaluation of rotator cuff, and Mumford procedure as well as for Amoxicillin 875 mg (#20) for prophylactic anti-infective measure. Patient's medical history is significant for hypertension. There was no history of diabetes. No risk factors for surgical site infections were documented. Clinical practice guidelines and medical records do not support the medical necessity of Amoxicillin for antimicrobial prophylaxis for a shoulder surgery that has not been authorized. Therefore, the request for Amoxicillin 875 mg #20 is not medically necessary.

Zofran 8mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, Antiemetics Physician Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Ondansetron (Zofran®) FDA Prescribing Information Zofran (Ondansetron) <http://www.drugs.com/pro/zofran.html>.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Ondansetron. Official Disability Guidelines (ODG) states that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. FDA guidelines state that routine prophylaxis is not recommended for patients in whom there is little expectation that nausea or vomiting will occur postoperatively. Progress report dated March 4, 2014 documented that the patient was awaiting for approval for appeal for left shoulder operative arthroscopy and decompression, evaluation of rotator cuff, and Mumford procedure. Zofran 8 mg was requested for post-op nausea. Medical records indicate that shoulder surgery has not been authorized. Because the surgery has not been certified, Zofran for post-operative nausea is not medically necessary. FDA guidelines state that routine postoperative prophylaxis is not recommended. Medical records and clinical practice guidelines do not support the medical necessity of Zofran. Therefore, the request for Zofran 8mg #20 is not medically necessary.

Norco 10/325 mg #75: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines - Chronic Pain.

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines presents the strategy for maintenance for opioid medications: Do not attempt to lower the dose if it is working. Maintenance of opioid medication regimen is recommended, when the regimen is effective. Progress report dated March 4, 2014 documented cervical spine, shoulder, epicondylitis, carpal tunnel syndrome, left knee derangement, discogenic lumbar condition with radicular component down the left lower extremity. Patient reported that the Norco decreases pain. Patient received a handwritten prescription for Norco 10/325 mg #75 on March 4, 2014. Progress notes documented prescriptions for Norco 10/325 on 11-26-2013, 12-31-2013, 01-31-2014, 03-04-2014. Medical records indicate stable usage of Norco. Maintenance of Norco 10/325 is supported by MTUS guidelines and medical records. Norco 10/325 #75 was requested for the date of service 03-04-2014. Follow-up evaluation was planned for 04-04-2014. Therefore, the request for Norco 10/325 mg #75 is medically necessary.

Tramadol ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 472, Chronic Pain Treatment Guidelines Opioids ; Tramadol (Ultram) Page(s): 74-96; Page 93-94; Page 113.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Tramadol (Ultram). Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS guidelines warn against using Tramadol in combination with other opioids (Norco). Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that the lowest possible dose of opioid should be prescribed. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, shoulder, upper extremity, and knee conditions. Progress report dated March 4, 2014 documented cervical spine, shoulder, epicondylitis, carpal tunnel syndrome, left knee derangement, discogenic lumbar condition with radicular component down the left lower extremity. Patient has been prescribed

Norco 10/325 mg. Patient was also prescribed Tramadol ER 100 mg. Recent urine drug screen was not documented. Norco is an opioid. MTUS guidelines warn against using Tramadol in combination with other opioids (Norco). Patient has already been prescribed Norco. MTUS guidelines state that Tramadol is not recommended as a first-line oral analgesic. MTUS and ACOEM guidelines and medical records do not support the medical necessity of Tramadol. Therefore, the request for Tramadol ER 100mg #30 is not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Opioids Page(s): 74-96.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend frequent evaluation of clinical history and frequent review of medications with patient prescribed opioids. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, shoulder, upper extremity, and knee conditions. Progress report dated March 4, 2014 documented cervical spine, shoulder, epicondylitis, carpal tunnel syndrome, left knee derangement, discogenic lumbar condition with radicular component down the left lower extremity. Patient received a handwritten prescription for Norco 10/325 mg #75 on March 4, 2014. Progress report dated March 4, 2014 documented that the patient was awaiting for approval for appeal for left shoulder operative arthroscopy and decompression, evaluation of rotator cuff, and Mumford procedure as well as preoperative clearance including lab work, PolarCare rental for 21 days, general anesthesia and Norco 10/325 mg (#120). Norco 10/325 mg #120 was requested for a shoulder surgery that was not certified. The shoulder surgery was not authorized. Therefore the request for #120 Norco 10/325 for the shoulder surgery, that was not approved, is not necessary. On March 4, 2014, the patient received a handwritten prescription for Norco 10/325 mg #75. A separate prescription for #120 Norco 10/325 for the same date of service is not necessary. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

Protonix 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - PPIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page 68-69 Page(s): 68-69.

Decision rationale: Medical records document long-term use of prescription strength Naproxen 550 mg or 500 mg, which is a high dose NSAID and a gastrointestinal risk factor. Progress notes documented prescriptions for Naproxen 550 mg or 500 mg on 11-26-2013, 12-31-2013, 01-31-2014, 03-04-2014. MTUS guidelines support the use of a proton pump inhibitor such as Protonix in patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records support the medical necessity of Protonix. Therefore, the request for Protonix 20mg #60 is medically necessary.

Norco #90 dosage unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Page 74-96, Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Opioids Page(s): Page 74-96.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend frequent evaluation of clinical history and frequent review of medications with patient prescribed opioids. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, shoulder, upper extremity, and knee conditions. Progress report dated March 4, 2014 documented cervical spine, shoulder, epicondylitis, carpal tunnel syndrome, left knee derangement, discogenic lumbar condition with radicular component down the left lower extremity. Patient received a handwritten prescription for Norco 10/325 mg #75 on March 4, 2014. The request was for Norco #90 dosage unspecified. Date of service was not specified. Progress report dated March 4, 2014 does not discuss a prescription for Norco #90 dosage unspecified. On March 4, 2014, the patient received a handwritten prescription for Norco 10/325 mg #75. A separate prescription for Norco #90 dosage unspecified for the same date of service is not medically necessary. Therefore, the request for Norco #90 dosage unspecified is not medically necessary.

Lidopro cream 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113 Capsaicin, topical Page 28-29 NSAIDs Page 69-70 Page(s): 111-113; Page 28-29; Page 69-70.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no

research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). Use of NSAIDs may compromise renal function. FDA medication guide recommends lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. LidoPro contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. Progress report dated 03-04-2014 does not document recent laboratory tests. Progress report dated 03-04-2014 does not document blood pressure measurement. Progress report 02-10-2014 documented a history of hypertension. NSAIDs are not recommended in patients with hypertension. Methyl Salicylate is a NSAID. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin. There was no documentation of post-herpetic neuralgia. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Lidocaine, Capsaicin, or Methyl Salicylate, which are active ingredients in LidoPro. Therefore, the request for Lidopro cream 1 bottle is not medically necessary.

Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Topical Analgesics Page 111-113 Capsaicin, topical Page 28-29 NSAIDs Page 69-70 Terocin <http://www.drugs.com/pro/terocin.html> Page(s): 111-113; Page 28-29; Page 69-70.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or

gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). Use of NSAIDs may compromise renal function. FDA medication guide recommends lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Terocin is a topical analgesic, containing Methyl Salicylate, Capsaicin, Menthol and Lidocaine Hydrochloride. Progress report dated 03-04-2014 does not document recent laboratory tests. Progress report dated 03-04-2014 does not document blood pressure measurement. Progress report 02-10-2014 documented a history of hypertension. NSAIDs are not recommended in patients with hypertension. Methyl Salicylate is a NSAID. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin. There was no documentation of post-herpetic neuralgia. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Lidocaine, Capsaicin, or Methyl Salicylate, which are active ingredients in Terocin. Therefore, the request for Terocin Patches #30 is not medically necessary.

Tramadol ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 472, Chronic Pain Treatment Guidelines Opioids Page 74-96 Tramadol (Ultram) Page 93-94 Tramadol (Ultram) Page 113 Page(s): 74-96; Page 93-94; Page 113.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Tramadol (Ultram). Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS guidelines warn against using Tramadol in combination with other opioids (Norco). Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that the lowest possible dose of opioid should be prescribed. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. ACOEM

guidelines state that the long-term use of opioids is not recommended for neck, back, shoulder, upper extremity, and knee conditions. Progress report dated March 4, 2014 documented cervical spine, shoulder, epicondylitis, carpal tunnel syndrome, left knee derangement, discogenic lumbar condition with radicular component down the left lower extremity. Patient has been prescribed Norco 10/325 mg. Patient was also prescribed Tramadol ER 100 mg. Recent urine drug screen was not documented. Norco is an opioid. MTUS guidelines warn against using Tramadol in combination with other opioids (Norco). Patient has already been prescribed Norco. MTUS guidelines state that Tramadol is not recommended as a first-line oral analgesic. MTUS and ACOEM guidelines and medical records do not support the medical necessity of Tramadol. Therefore, the request for Tramadol ER 100mg #30 is not medically necessary.

Topamax 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22, 113.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines categorizes Topiramate (Topamax) as an anti-epilepsy drug (AED). Regarding AEDs, there are few randomized controlled trials directed at central pain and none for painful radiculopathy. A 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be evidence of ineffectiveness. After initiation of treatment there should be documentation of pain relief and improvement in function. The continued use of AEDs depends on improved outcomes. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. MTUS Chronic Pain Medical Treatment Guidelines require the documentation of 30% reduction in pain and improvement in function. The continued use of Topiramate depends on the documentation of improved outcomes. Failure of other anticonvulsants should also be documented. Progress note dated March 4, 2014 does not document 30% reduction in pain and improvement in function. Failure of other anticonvulsants is not documented. Medical records do not support the medical necessity of Topiramate, in accordance with MTUS guidelines. Therefore, the request for Topamax 50 mg #120 is not medically necessary.