

<b>Case Number:</b>	CM14-0076537		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

Medical records from 2013-2014 were reviewed. The patient complained of neck, lower back, bilateral shoulder, and bilateral knee pain. The patient is status post left knee arthroplasty. There was difficulty with prolonged sitting, standing, walking, and stair climbing as well as lifting, pushing, pulling, squatting, kneeling, and stooping. There was flare-up of cervical spine, lumbar spine, and bilateral shoulder pain accompanying with impingement as well as knee pain. Physical examination showed decreased range of motion of the cervical spine with spasm, guarding, and tenderness. Numbness is present in the right upper extremity over the C5 dermatome with radiation of pain to the right upper extremity over the C5 dermatome. There was positive bilateral shoulder depression test, positive facet challenge at C3-C4 and C4-C5 levels as well as C5-C6 bilaterally. There was positive Hawkins test to the shoulder bilaterally with noted positive impingement sign. Motor strength was 4/5 at the anterior deltoid during shoulder flexion. There was paresthesia over bilateral S1 dermatome by palpation and Wartenberg pinwheel. There was positive facet challenge at L5 and S1 at the lumbar regions with palpable tenderness and hypertonicity noting muscle spasms at the lumbar paravertebral muscles. For the left knee, there was tenderness over the lateral and medial joint line. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and left knee arthroplasty. Utilization review, dated May 16, 2014, denied the request for unknown prescription for Terocin patch because not all ingredients were congruent with guideline recommendation warranting their use; denied the request for Ultram ER 150mg #60 because the patient lack medical necessity for continued opioid use and provided was afforded a sufficient amount of time to safely wean the patient from the medication; and denied the request for Tramadol 100mg #60 because objective findings were not congruent with guideline recommendations for an additional prescription and a tapering schedule was to already have been

completed. An appeal letter, dated May 23, 2014 state that Ultram ER 150mg #60 was being provided to help reduce pain, increase functional capacity, and provide the least amount of opioid medication. Another utilization review, dated June 13, 2014, denied the request for unknown prescription for Terocin patch because it contains at least one drug that is not recommended; denied the request for Ultram ER 150mg #60 because there were no specific objective or subjective findings to support the providers claim in his appeal letter that the medication reduced pain and increased functional capacity; and denied the request for 1 prescription of Tramadol 100mg #60 because of the same reasons for Ultram ER and weaning should have been completed for this patient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin patch (unknown #):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics, Lidocaine Page(s): 56-57, 112.

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the 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. In this case, the initial date of utilization of the medication is not known. It was prescribed to be applied to areas of complaint to decrease pain while decreasing the need for further oral medications thus reducing the risk for further gastric insult. However, the patient presents with chronic pain complaints and was followed-up regularly, but specific response to Terocin treatment was not assessed. Furthermore, there was no indication of a trial of antidepressants or AED and intolerance to oral analgesics. The medical necessity has not been established. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Terocin patch (unknown #) is not medically necessary.

**Ultram ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

**Decision rationale:** According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the initial date of utilization of this medication is unknown. Progress report dated June 27, 2014 state that there was flare-up of cervical spine, lumbar spine, and bilateral shoulder pain accompanying with impingement as well as knee pain. The rationale of the request was due to the flare-up that the patient presents with noted decreased in activities of daily living in conjunction with producing further positive results of a home exercise program. It was noted that the medication provide temporary relief aiding the patient in an improvement of functional capacity such as looking over the shoulder, bending down, getting on and off the toilet, getting off from seated position, and assist with moving laundry. The medical necessity has been established. However, there is no rationale for a concurrent request of both Ultram and Tramadol since they are the same drug. Therefore, the request for Ultram ER 150mg #60 is not medically necessary.

**Tramadol 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

**Decision rationale:** According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the initial date of utilization of this medication is unknown. Progress report dated June 27, 2014 state that there was flare-up of cervical spine, lumbar spine, and bilateral shoulder pain accompanying with impingement as well as knee pain. The rationale of the request was due to the flare-up that the patient presents with noted decreased in activities of daily living in conjunction with producing further positive results of a home exercise program. It was noted that the medication provide temporary relief aiding the patient in an improvement of functional capacity such as looking over the shoulder, bending down, getting on and off the toilet, getting off from seated position, and assist with moving laundry. The medical necessity has been established. However, there is no rationale for a concurrent request of both Ultram and Tramadol since they are the same drug. Therefore, the request for Tramadol 100mg #60 is not medically necessary.