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| <b>Case Number:</b>   | CM14-0202967 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 05/27/2010 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 11/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2014 |

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 36 year old female with an injury date of 05/27/10. Based on the 09/02/14 progress report, the patient complains of tightness in the right shoulder and numbness in the right thumb/right index finger radiating to the right forearm. She has popping in the right shoulder and rates her pain as a 9/10. Based on the 10/02/14 progress report, the patient complains of having neck pain, right shoulder pain, and has symptoms of stiffness and muscle spasms. She has shooting pain and an electrical sensation from her ring finger into the left hand. The 10/30/14 report states that the patient has tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle as well as pain along the right wrist, CMC, and the first extensor. She also has difficulty sleeping. The patient's diagnoses include the following: Discogenic cervical condition with facet inflammation and headaches, Right shoulder impingement, rotator cuff strain and bicipital tendonitis, Right wrist inflammation. The utilization review determination being challenged is dated 11/22/14. Treatment reports were provided from 03/27/14-10/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 63-66, 22, 68-69 & 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle as well as pain along the right wrist, carpometacarpal (CMC), and the first extensor. The request is for Flexeril 7.5mg #60 for tightness in the neck and the right arm. The patient has been using Flexeril as early as 03/27/14. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic lower back pain (LBP). The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The 03/27/14 report states that the patient rates her pain as a 10/10. She also experiences intense tightness for which she uses Flexeril that helps to decrease intensity and frequency of the tightness. MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril since 03/27/14, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 63-66, 22, 68-69 & 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

**Decision rationale:** The patient presents with tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle as well as pain along the right wrist, CMC, and the first extensor. The request is for Tramadol 50mg #60 for pain. The patient has been taking Tramadol as early as 03/27/14. MTUS pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 03/27/14 report states that the patient rates her pain as a 10/10 and Tramadol "has been helpful." The 04/28/14 report indicates that "her pain is persistently at a 9/10. She uses Tramadol which helps to decrease her pain and allowing her to be functional." The 07/01/14 report says that she rates her pain as an 8-9/10. "She uses Tramadol for pain as needed which helps to decrease some pain." The 09/02/14 report states that the patient rates her pain as a 9/10. The 08/01/14 report states that "She uses Ultram for pain as needed, which is helpful... She manages to work full time; however, she has more pain at the end of the day due to constant use of the right hand to do writing which increases the pain at the end of the day." Not all four A's were addressed as indicated by MTUS guidelines. Although there were pain scales mentioned, it does not appear as though Tramadol has significantly decreased the patient's pain. The patient is working full-time; however, there is

no description of specific duties which she does and no other discussions on ADLs. There were general statements provided indicating how Tramadol allows the patient "to be functional" and "decreases her pain." There were no specific examples of ADLs which demonstrate medication efficacy or were there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Tramadol is not medically necessary.

**Terocin patches #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 63-66, 22, 68-69 & 111-113.

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

**Decision rationale:** The patient presents with tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle as well as pain along the right wrist, CMC, and the first extensor. The request is for Terocin patches #20 for topical relief. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin and norepinephrine reuptake inhibitor (SNRI) anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In this case, the patient complains of having neck pain, right shoulder pain, and has symptoms of stiffness and muscle spasms. She has shooting pain and an electrical sensation from her ring finger into the left hand. The patient does not present with peripheral, localized neuropathic pain. The requested Terocin patch is not medically necessary.

**Lidopro lotion 4 ounces: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 63-66, 22, 68-69 & 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical creams Page(s): 111.

**Decision rationale:** The patient presents with tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle as well as pain along the right wrist, CMC, and the first extensor. The request is for Lidopro lotion 4 ounces. Lidopro lotion was first prescribed on 09/02/14. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding Topical

Analgesics, MTUS page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The patient complains of having neck pain, right shoulder pain, and has symptoms of stiffness and muscle spasms. She has shooting pain and an electrical sensation from her ring finger into the left hand. MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient, the entire compound is not recommended. Therefore, the requested Lidopro lotion is not medically necessary.

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 63-66, 22, 68-69 & 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, medication for use of opioids Page(s): 88, 89, 76-78, 60-61.

**Decision rationale:** The patient presents with tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle as well as pain along the right wrist, CMC, and the first extensor. The request is for Norco 10/325mg #60. The patient has been taking Norco as early as 10/02/14. MTUS pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 10/02/14 report states that the patient "needs something stronger to manage her pain especially during the daytime." The patient is currently using Norco, Flexeril, Tramadol, Nalfon, Protonix, Lidopro lotion, and Terocin Patches. Based on review of the reports, it would appear that the treater is requesting for a trial of Norco, as the patient continues to suffer from chronic pain and needs a stronger medication. Reports show that although Tramadol is listed as an opiates, there is lack of documentation of the four A's required for ongoing use of opiates. However, a trial of Norco may be appropriate given the patient's history of opiate use and to provide some analgesia. For on-going use of this medication, the treater will need to provide documentation of pain and functional improvement including the four A's going forward. The requested Norco is medically necessary.