

<b>Case Number:</b>	CM15-0136863		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on November 1, 2012. She reported injuries of the right wrist and bilateral knees. The injured worker was diagnosed as having status post right wrist arthroscopic triangular fibrocartilage complex debridement hamate excision on August 28, 2013, status post right ulnar shortening osteotomy with release of ulnar nerve on February 18, 2014, right extensor tendonitis, and right Dupuytren's contracture. Diagnostic studies to date have included: On October 13, 2013, electromyography and nerve conduction velocity studies revealed mild to moderate left sensorimotor ulnar mononeuropathy at the wrist with acute denervation and axonal loss. On January 6, 2015, a urine toxicology screen was positive for cannabinoid, which is inconsistent with prescribed medications. On January 7, 2015, a urine toxicology screen was positive for O-Desmethyltramadol, which is consistent with prescribed medications. Treatment to date has included physical therapy, acupuncture, a work hardening program, work modifications, cognitive behavioral therapy, a home exercise program, ice, bracing, a steroid injection, and medications including long-acting opioid analgesic, topical analgesic, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: November 1, 2012. Comorbid diagnoses included history of hypertension, and gastroesophageal reflux disease. On June 22, 2015, the injured worker complains of continued right upper extremity pain. She has increased pain with any use of her arm. Her pain is rated 3-4/10. She is doing well with use of Tramadol ER and Menthoderm. She prefers a patch instead of the gel or cream. The physical exam revealed grossly intact right upper extremity motor,

continued decreased sensation in the right fourth and fifth fingers, and painful right ulnar deviation. Her patient health questionnaire (PHQ-9) score of 10/30 indicated mild depression. She remains permanent and stationary. The treatment plan includes Tramadol ER and Terocin patches.

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

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

**Tramadol ER 150mg QD, a 2-month supply #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80, 93-94.

**Decision rationale:** Tramadol ER is a synthetic opioid that acts on the central nervous system. It is indicated for short-term use in patients with moderate to severe pain. Use of long-term opioids requires documentation of pain relief, improved functional capacity, discussion of adverse effects and aberrant behavior. In this case, there is no documentation of pain relief or improved function. There is no evidence of a pain agreement or urine drug screening. Therefore, the efficacy of Tramadol is not established and the request is not medically necessary or appropriate.

**Terocin Patches #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Terocin patches are a topical analgesic that contains Lidocaine, menthol and capsaicin. MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only recommended in the formulation of the lidocaine patch; other preparations, whether cream, lotion or gel containing Lidocaine is not recommended. In this case, there is no evidence of intolerance of oral medications, requiring a topical agent. There is also no evidence that first-line agents (anti-depressants, anti-convulsants) have failed. Therefore, for the reasons above, the request for Terocin patches is not medically necessary or appropriate.