

<b>Case Number:</b>	CM15-0197628		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: New Jersey

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 50 year old female, who sustained an industrial injury on 06-07-2012. She has reported subsequent neck and left shoulder pain and was diagnosed with cervical radiculopathy status post anterior cervical decompression and fusion of C4-C5 and C5-C6 and left shoulder impingement. Treatment to date has included pain medication, acupuncture, transcutaneous electrical nerve stimulator (TENS) unit, cervical injection and surgery. Documentation shows that Tramadol was prescribed since at least 04-08-2015. Tramadol and acupuncture were noted to provide good relief of pain .In progress notes dated 07-08-2015 and 08-28-2015, the injured worker reported continued neck and left shoulder pain that was rated as 7-8 out of 10 without medication and 3-4 out of 10 with medication. Objective examination findings on 07-08-2015 and 08-28-2015 revealed tenderness of the posterior neck muscles that was less severe than the previous visit, muscle spasm at the bilateral cervical muscles, stiffness with range of motion of the neck with practically no range of motion due to previous fusion and pain, tenderness of the left shoulder with less severe pain that previous visit, improved range of motion of the left shoulder and global weakness and pain when moving the left arm with inability to raise the arm. Work status was documented as totally temporarily disabled. The physician's plan included continuation of Tramadol. A request for authorization of Terocin lotion and Tramadol 100 mg #90 was submitted. As per the 09-25-2015 utilization review, the requests for Terocin lotion and Tramadol 100 mg #90 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Capsaicin, topical.

**Decision rationale:** Terocin lotion is an analgesic topical preparation which includes the active ingredients, capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was a request for Terocin lotion. There was ongoing use of gabapentin seen on record, however, there was no report on how effective this was in order to help justify a topical lidocaine product. Regardless, Terocin lotion is not a first-line product for lidocaine, and it is not clear in the notes whether or not this topical analgesic was to be used for peripheral pain or not. Therefore, considering the above factors, this request for Terocin lotion will be considered medically unnecessary at this time. Also, the quantity and frequency was not included in the request.

**Tramadol 100 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid

use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of both Norco use and short-acting tramadol 50 mg then recently 100 mg three times daily. Follow-up reports after the dose increase stated roughly a 50% decrease in pain with the higher dose of tramadol, with vague reporting of functional gains, although there were no specific functions mentioned to quantify this report. Regardless, there didn't seem to be any significant reason for the worker to use two different short acting opioids. One prescription of either Norco or tramadol would be more appropriate, or switch one of them to a longer-acting opioid if this was appropriate. Another option would be to attempt to wean down on the medications. Therefore, considering this factor, the request for tramadol will be considered medically unnecessary until this is clarified or changed.