

<b>Case Number:</b>	CM15-0035551		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female, who sustained an industrial injury reported on 8/30/2011. She reported bilateral shoulder pain, and mild depression. The diagnoses were noted to include carpal tunnel syndrome; cervical degenerative disc disease; and myofascial pain. Treatments to date have included consultations; diagnostic imaging studies; an agreed medical evaluation report (3/1/12); home exercise program; and medication management. The work status classification for this injured worker (IW) was not noted. On 2/19/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/15/2015, for Tramadol HCL/APAP 37.5/325mg, #90, on 1/15/2015; and Lidopro cream 121 grams, on 1/15/2015. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, therapeutic trial of opioids, chronic pain, topical analgesics, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Tramadol HCl/APAP 37.5/325mg, Qty: 90 Dos: 1/15/2015: Upheld**

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

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

**Decision rationale:** The patient presents with increase in bilateral shoulder and neck pain due to the cold weather. The Request for Authorization is dated 02/13/15. The current request is for retrospective: tramadol hci/apap 37.5/325mg qty 90 dos 1/15/15. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. This patient has been prescribed this medication since at least 11/17/14. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

**Retrospective: Lidopro cream 121grams Dos: 1/15/2015:** Upheld

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

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

**Decision rationale:** The patient presents with increase in bilateral shoulder and neck pain due to the cold weather. The Request for Authorization is dated 02/13/15. The current request is for retrospective: LidoPro cream 121 grams dos 1/15/15. LidoPro compound cream contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use 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." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Furthermore, the patient does not meet the indication for the use of a topical NSAID, as he does not present with osteoarthritis or tendinitis symptoms but suffers from neck and shoulder pain. This request is not medically necessary.