

<b>Case Number:</b>	CM14-0130544		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 55-year-old female with a 7/20/12 date of injury. At the time (7/22/14) of request for authorization for Tramadol ER 150mg Qty 30, Protonix 20mg Qty 60, Lidopro 4oz Lotion Qty 1, and Terocin patch Qty 20, there is documentation of subjective (persistent neck pain, pain in shoulders, elbows, and wrist bilaterally, difficulty sleeping and wakes her up several times at night, and numbness and tingling) and objective (tenderness along cervical paraspinal muscles bilaterally) findings, current diagnoses (discogenic cervical condition with facet inflammation, bilateral shoulder impingement with rotator cuff strain, right greater than left, right wrist inflammation, carpometacarpal joint inflammation, and carpal tunnel syndrome on right, left wrist inflammation and carpometacarpal joint inflammation, and element of stress, difficulty sleeping related to orthopedic injury), and treatment to date (medications (including Lidoderm patch, Voltaren gel, Tylenol, and Ibuprofen)). Regarding Tramadol ER 150mg Qty 30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Protonix 20mg Qty 60, there is no documentation of high dose/multiple NSAID and that Protonix is being used as a second-line.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg Qty 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with facet inflammation, bilateral shoulder impingement with rotator cuff strain, right greater than left, right wrist inflammation, carpometacarpal joint inflammation, and carpal tunnel syndrome on right, left wrist inflammation and carpometacarpal joint inflammation, and element of stress, difficulty sleeping related to orthopedic injury. In addition, there is documentation of a plan to start Tramadol. Furthermore, there is documentation that Tramadol is used as a second line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150mg qty 30 is not medically necessary.

**Protonix 20mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase

in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with facet inflammation, bilateral shoulder impingement with rotator cuff strain, right greater than left, right wrist inflammation, carpometacarpal joint inflammation, and carpal tunnel syndrome on right, left wrist inflammation and carpometacarpal joint inflammation, and element of stress, difficulty sleeping related to orthopedic injury. However, despite documentation of ongoing treatment with Ibuprofen, there is no documentation of high dose/multiple NSAID. In addition, there is no documentation that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg qty 60 is not medically necessary.

**Lidopro 4oz Lotion Qty 1:** Upheld

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

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

**Decision rationale:** An online search identifies that LidoPro contains Capsaicin / Lidocaine / Menthol / Methyl Salicylate topical. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with facet inflammation, bilateral shoulder impingement with rotator cuff strain, right greater than left, right wrist inflammation, carpometacarpal joint inflammation, and carpal tunnel syndrome on right, left wrist inflammation and carpometacarpal joint inflammation, and element of stress, difficulty sleeping related to orthopedic injury. However, the requested LidoPro 4oz lotion contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for LidoPro 4oz lotion qty 1 is not medically necessary.

**Terocin patch Qty 20:** Upheld

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

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

**Decision rationale:** Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with facet inflammation, bilateral shoulder impingement with rotator cuff strain, right greater than left, right wrist inflammation, carpometacarpal joint inflammation, and carpal tunnel syndrome on right, left wrist inflammation and carpometacarpal joint inflammation, and element of stress, difficulty sleeping related to orthopedic injury. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin patch qty 20 is not medically necessary.