

<b>Case Number:</b>	CM14-0097418		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Tennessee. 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 55-year-old male who has submitted a claim for lumbar facet pain associated with an industrial injury date of September 17, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of chronic low back pain rated at 8 out of 10. Physical examination revealed tenderness at sacroiliac joints and facet joints at L4-L5 and L5-S1. Straight leg raise test is positive. Left knee range of motion is slightly limited. Neurological examination of the bilateral lower extremities is normal. Treatment to date has included psychotherapy, knee surgery, corticosteroid injections and physical therapy. Patient is also taking oral medications, such as Tramadol, naproxen and compounding creams (prescribed since at least April of 2014). Utilization review from June 13, 2014 denied the request for Tramadol 150 MG, 1 Q24, #30 because there is no documented objective functional benefit from the use of opiates. The request for Naproxen 550mg, TID, #90 was modified to #60 as guidelines recommends NSAIDs as an option for short-term symptomatic relief. The request for Compounding creams tramadol 20%, ketoprofen 20%, cyclobenzepine 20% was also denied because the patient is currently prescribed with an oral NSAID medication, considered the first line method of administration. The same review denied the request for Terocin patches because topical lidocaine is only supported for use in the form of a lidoderm patch and topical menthol is not supported for use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94,113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since at least April 2014 (6 months to date). Urinary drug screening was done which showed a negative result for Tramadol. Moreover, there was no documented evidence of pain relief and functional improvement from the medication. In addition, specific measures of analgesia and improvements in activities of daily living were not documented. There was also no documentation of adverse effects. MTUS Guidelines require clear and concise documentation for ongoing management. Medical necessity has not been established. Therefore, the request for Tramadol 150 mg, thirty count, is not medically necessary or appropriate.

**NSAIDs (non-steroidal anti-inflammatory drugs):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46.

**Decision rationale:** According to the Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed naproxen since at least April 2014 (six months to date). However, there is no evidence of improvement in pain or function in the documentation submitted. Furthermore, long term use of NSAIDs is not recommended. The specific NSAID, quantity and dosage were also not included in the request. The request is lacking and the medical necessity was not established. Therefore, the request for NSAIDs is not medically necessary or appropriate.

**Compound cream Tramadol 20%/Ketoprofen 20%/Cyclobenzaprine 20%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, other muscle relaxants, gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been prescribed compounding cream since at least April 2014 (6 months to date). However, records reviewed did not show that the patient had failure of intake of oral medications to indicate use of topical medication. Likewise, the duration and frequency of the drug was non-specific. Lastly, the compounded medication contains tramadol, ketoprofen, and cyclobenzaprine, which are not recommended for topical use. Therefore, the request for compound cream Tramadol 20%/Ketoprofen 20%/Cyclobenzaprine 20% is not medically necessary or appropriate.

**Terocin patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient has been prescribed usage of Terocin patch since at least August 2014. However, there was no indication of a trial of antidepressants or AED and intolerance to oral analgesics. Furthermore, the request did not include dosage and quantity to be dispensed. Therefore, the request for Terocin patches is not medically necessary or appropriate.