

<b>Case Number:</b>	CM15-0016397		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	12/05/2000
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 York  
 Certification(s)/Specialty: Internal Medicine

### 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 12/5/2000. She reports an injury to bilateral knees from a motor vehicle accident. Diagnoses include chronic pain syndrome, chronic neck and back strain and status post bilateral knee arthroscopy with partial medial meniscectomy and chondromalacia. Treatments to date include physical therapy, cortisone injections, and chiropractic care and medication management. A progress note from the treating provider dated 12/16/2014 indicates the injured worker reported continued knee pain. On 1/2/2015, Utilization Review non-certified the request for Tramadol 150mg #30, Lidopro ointment 121 grams #1, Terocin patches #10, urine drug screen and standing x rays of the bilateral knees, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol 150mg #30 is not medically necessary.

**Lidopro ointment 121 gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. LidoPro contains capsaicin, lidocaine, menthol, and methyl salicylate. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels, are indicated for the treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidopro ointment 121 gm #1 is not medically necessary.

**Terocin patches #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

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

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Terocin contains Lidocaine and Menthol. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. MTUS does not recommend the topical use of Menthol. Per guidelines, any compounded product that contains at least one drug

(or drug class) that is not recommended is not recommended. The request for Terocin patches #10 is not medically necessary.

**Urine drug screen (10 panel): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Documentation fails to provide evidence of previous urine drug screen and risk stratification of this injured worker to determine the frequency of testing or to support the medical necessity of urine drug screen. The request for Urine drug screen (10 panel) is not medically necessary by MTUS.

**Standing x-rays of the bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations,pg 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

**Decision rationale:** MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination. The injured worker has had bilateral knee arthroscopy with partial medial meniscectomy and complains of ongoing chronic bilateral knee pain. Documentation fails to reveal any red flags on physical examination or acute changes in symptoms that would warrant additional imaging. Furthermore, at the time of the requested service under review, Physician report indicates that the option of surgery has been recommended, but declined, making the need for additional imaging not appropriate. The request for Standing x-rays of the bilateral knees is not medically necessary by MTUS.