

<b>Case Number:</b>	CM15-0124851		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, 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 43-year-old female, who sustained an industrial injury on 10/21/2009, due to repetitive job duties, while employed as a packer. The injured worker was diagnosed as having cervical and lumbosacral radiculopathy and shoulder tendinitis/bursitis. Treatment to date has included medications and activity modifications with home type exercise and recent physical therapy. Currently (5/18/2015), the injured worker complains of dissipating pain in her cervical and lumbar spines. Physical exam noted increased range of motion to both the cervical and lumbar spines and decreased spasm and tenderness. The treatment plan included a refill of medications, noting no side effects and help maintaining functional capacity. She was dispensed Tramadol ER and Lidopro ointment. Urine toxicology was not noted. Her work status was not documented. Gastroenterology Qualified Medical Evaluation (2/25/2013) noted gastrointestinal symptoms, including abdominal pain, mostly over the epigastric region. She had not found any medications or diet particularly helpful. She was documented to have a history of taking non-steroidal anti-inflammatory drugs and Helicobacter pylori infection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER CP24MG, 120 count, dispensed on May 18, 2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCl ER CP24mg, #120, dispensed May 18, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long- term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbosacral radiculopathy; shoulder tendinitis/bursitis; ankle tendinitis/bursitis; and wrist tendinitis/bursitis. The date of injury is October 21, 2009. The request authorization is May 28, 2015. Documentation in a January 26, 2015 progress note indicates Voltaren was discontinued due to side effects and Anaprox started. No other medications were listed. According to a progress note dated March 23, 2015, Lidoderm patch was documented in the progress note, but no other medications were listed. According to the most recent progress note dated May 18, 2015, the injured worker had decreased pain in the neck and back. Objectively there was improvement in range of motion and decrease in spasm. There was no documentation of current medications in the medical record. Specifically, there was no documentation of tramadol ER in the medical record. Consequently, absent clinical documentation with current medications and documentation demonstrating objective functional improvement with risk assessments and detailed pain assessments, Tramadol HCl ER CP24mg, #120, dispensed May 18, 2015 is not medically necessary.

**Lidopro Ointment 121 grams, dispensed on May 18, 2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro ointment #121grams dispensed May 18, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaisin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbosacral radiculopathy; shoulder tendinitis / bursitis; ankle tendinitis/bursitis; and wrist tendinitis/bursitis. The date of injury is October 21, 2009. The request authorization is May 28, 2015. Documentation in a January 26, 2015 progress note indicates Voltaren was discontinued due to side effects and Anaprox started. No other medications were listed. According to a progress note dated March 23, 2015, Lidoderm patch was documented in the progress note, but no other medications were listed. According to the most recent progress note dated May 18, 2015, the injured worker had decreased pain in the neck and back. Objectively there was improvement in range of motion and decrease in spasm. There was no documentation of current medications in the medical record. Specifically, there was no documentation of Lidopro in the medical record. There was no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation with ongoing current medications and evidence of objective functional improvement to support ongoing Lidopro ointment, Lidopro ointment #121grams dispensed May 18, 2015 is not medically necessary.