

<b>Case Number:</b>	CM15-0144011		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 59-year-old male, who sustained an industrial injury on November 20, 2013. He reported groin pain that radiated into his lower abdomen and testicles. The injured worker was diagnosed as having a groin strain. Treatment to date has included medication, activity modification, home exercise program, ultrasound, electro diagnostic studies, heat and cold therapy and TENS unit. Currently, the injured worker complains of low back pain and left lower extremity cramping and tingling. The injured worker is currently diagnosed with a groin strain, low back pain, testicular pain and non-steroidal anti-inflammatory induced gastritis. A progress note dated December 22, 2014, states the injured worker received benefit from a TENS unit. A progress note dated April 24, 2015, states the injured worker experienced pain relief from Tramadol. A progress note dated June 26, 2015, states the injured worker is experiencing decreased stomach symptoms from Omeprazole. The therapeutic response to activity modification, home exercise program and heat-cold therapy were not included in the documentation. The following medications are requested, Tramadol 50 mg #30 for pain relief and Omeprazole 20 mg #60 to protect the stomach as the injured worker takes non-steroidal anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents on 06/26/15 with lower back pain and tingling sensation in the left lower extremity. The patient's date of injury is 11/20/13. Patient has no documented surgical history directed at this complaint. The request is for TRAMADOL 50MG #30. The RFA is dated 06/26/15. Physical examination dated 06/26/15 reveals tenderness to palpation of the lumbar spine with spasms noted. No other physical examination findings are included. The patient is currently prescribed Naproxen, Omeprazole, Gabapentin, Tramadol, and Lidopro. Patient is currently advised to return to work with modifications ASAP. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As - analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "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. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress notes dated 06/26/15 and 07/21/15 do not address the efficacy of this patient's medication regimen. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence of medication compliance to date. However, the provider does not include any measures of analgesia via a validated scale, any activity-specific functional improvements, or any statement of a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

**Lidopro 4oz:** Upheld

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

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

**Decision rationale:** The patient presents on 06/26/15 with lower back pain and tingling sensation in the left lower extremity. The patient's date of injury is 11/20/13. Patient has no documented surgical history directed at this complaint. The request is for LIDOPRO 4OZ. The RFA is dated 06/26/15. Physical examination dated 06/26/15 reveals tenderness to palpation of the lumbar spine with spasms noted. No other physical examination findings are included. The patient is currently prescribed Naproxen, Omeprazole, Gabapentin, Tramadol, and Lidopro. Patient is currently advised to return to work with modifications ASAP. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS Topical Analgesics section, page 111 has the following: "Topical Lidocaine, in the formulation of a dermal patch

(Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine -whether creams, lotions or gels- are indicated for neuropathic pain... Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. . ." In regard to the requested Lidopro cream for this patient's chronic pain, the active ingredient in this cream - Lidocaine - is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. While this patient presents with significant lower back pain, Lidocaine is nonetheless unsupported by MTUS guidelines in this particular formulation, and any compounded cream, which contains an unsupported ingredient, is not indicated. Therefore, the request IS NOT medically necessary.