

<b>Case Number:</b>	CM14-0143390		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine and Rehabilitation, 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:

This is a 45-year-old male with a 3/19/10 date of injury. The mechanism of injury occurred when he was digging a hole in a pool for piping, the side of the pool collapsed, and he was knocked to his stomach by the wall of dirt and covered all the way up to his back. According to a progress report dated 9/3/14, the patient complained of ankle, back, and knee pain rated as a 5/10. Objective findings: limited to vital signs. Diagnostic impression: left ankle fracture, post-operative acute pain, lumbar degenerative disc disease, meniscus tear (knee) status post-surgery, lumbosacral or thoracic neuritis or radiculitis, lumbar radiculopathy, myofascial pain. Treatment to date: medication management, activity modification, TENS unit, home exercise program. A UR decision dated 8/28/14 denied the requests for Tramadol, Topiramate, and LidoPro. Regarding Tramadol, the patient has taken Tramadol since at least August 2012 without any overall improvement of functional or pain levels with use of this medication to warrants its continued use. Regarding Topiramate, there has been no indication of improvement with its use since at least 7/26/13. Regarding LidoPro, the guidelines do not support the use of compound medications unless all of the ingredients are supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the quantity of medication requested was not noted. Therefore, the request for Tramadol ER 150mg was not medically necessary.

**Topiramate 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. There is no documentation that the patient has had a trial and failure of a first-line anticonvulsant medication, such as Gabapentin. A specific rationale as to why the patient requires Topamax instead of a guideline-supported first-line medication for neuropathic pain was not provided. Furthermore, the quantity of medication requested was not noted. Therefore, the request for Topiramate 50 mg was not medically necessary.

**LidoPro topical ointment.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and 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. According to the FDA, LidoPro is a topical cream containing Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. Lidocaine in a topical lotion form is not

recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guideline support was not provided. Therefore, the request for LidoPro topical ointment was not medically necessary.