

Case Number:	CM13-0034398		
Date Assigned:	12/06/2013	Date of Injury:	06/20/2012
Decision Date:	10/26/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This injured worker is a 51 year old female who reported an industrial injury on 6-20-2012. Her diagnoses, and or impressions, were noted to include: lumbosacral neuritis; cervicgia; bilateral knee medial meniscus tears with baker cyst on left knee; internal derangement - knee; cervical discopathy; lumbar discopathy-radiculitis; and pain in shoulder, rule-out internal derangement. No current imaging studies were noted. Her treatments were noted to include: an orthopedic agreed medical examination on 7-1-2013; intra-muscular Toradol and Vitamin B-12 complex injection therapy (8-8-13); medication management; and modified work duties. The progress notes of 8-6-2013 reported an orthopedic re-evaluation for persistent and increasing pain of the neck that radiated to the upper extremities, with numbness, tingling and the inability to turn her neck to drive; chronic and severe headaches for which she was still awaiting to see a neurologist and magnetic resonance imaging studies of the brain; and essentially unchanged symptomatology in the right shoulder, lumbar spine and bilateral knees. Objective findings were noted to include: tenderness and spasms at the cervical para-vertebral muscles and upper trapezial muscles, positive axial loading compression test and Spurling's maneuver, and painful-restricted cervical range-of-motion with dysesthesia at the cervical 6-7 dermatomes; tenderness at the right shoulder subacromial space and acromioclavicular joint, with positive impingement sign and pain with terminal motion; tenderness and spasms at the lumbar para-vertebral muscles; positive seated nerve root test, and pain with terminal motion and dysesthesia at the lumbosacral dermatomes; and tenderness in the anterior joint line space of the bilateral knees, with positive McMurray's sign and patellar compression test, and pain with terminal flexion. The physician's

requests for treatments were noted to include. The Request for Authorization, dated 9-16-2013, included: Tramadol Hydrochloride ER 150 mg, #90, 1 tablet once a day as needed for pain; Alprazolam ER 1 mg, 1 tablet at bedtime as needed for relief, #60, a tranquilizer used in the short-term relief of insomnia or sleep disorders due to chronic pain; and Medrox Patch, #30, change patch 1-2 times daily, an external analgesic used to reduce inflammation and relieve acute pain or backaches, strains, muscle soreness-stiffness, pain in joints and nerves. The Utilization Review of 9-26-2013 non-certified the requests for: Tramadol HCL ER 150, #90; Alprazolam ER 1 mg, #60; and Medrox Patches, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol HCL ER 150 #90 DOS: 8/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Retrospective request for Tramadol HCL ER 150 #90 DOS: 8/26/2013, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Retrospective request for Tramadol HCL ER 150 #90 DOS: 8/26/2013, is not medically necessary.

Retrospective request for Alprazolam ER 1mg #60 DOS: 8/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Retrospective request for Alprazolam ER 1mg #60 DOS: 8/26/2013, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement because of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Retrospective request for Alprazolam ER 1mg #60 DOS: 8/26/2013 is not medically necessary.

Retrospective request for Medrox patch #30 DOS: 8/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: Regarding request for Retrospective request for Medrox patch #30 DOS: 8/26/13, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. MTUS Chronic Pain Medical Treatment Guidelines additionally state Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, guidelines do not support the use of topical NSAIDs for treatment of the spine. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Retrospective request for Medrox patches #30 DOS: 8/26/13 is not medically necessary.