

Case Number:	CM13-0006497		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2011
Decision Date:	02/19/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and has a subspecialty in Disability Evaluation 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 physician 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:

According to medical records reviewed, the claimant is a 53 year old right-hand dominant Caucasian male who began his employment with [REDACTED] in 1979 as an Ocean Life Guard. The record indicates that the claimant sustained continuous trauma while working on 09/14/11. Over the years, the claimant developed chronic pain in both ankles attributed to running in the sand. The claimant underwent surgery for the left ankle in 2005. The claimant currently complains of pain in the cervical spine, bilateral shoulder, left parascapular region, right hand and wrist, low back, left knee, and bilateral ankle. The claimant has decreased muscle strength in motion in the shoulder, bilateral wrist, and bilateral ankle. Future medical care includes oral anti-inflammatory and non-narcotic analgesic medications as well as orthopedic follow up on an intermittent and as needed basis for flares of symptomatology of the upper and lower extremities. The claimant is incapable of performing the usual and customary work duties. Evaluation report dated 05/30/13 indicates that the claimant still has some residual symptomatology in the cervical spine, bilateral upper extremities and lumbar spine. There are headaches that are migrainous in nature associated with periods of increased pain in the cervical spine. The claimant reports these headaches do cause nausea that is not alleviated by Prilosec. The provider explained to the claimant these types of headaches are common with the type of abnormalities noted in the cervical spine. The claimant notes compliance with the medications provided in the past but the claimant complains of an upset stomach with the use of Naproxen. The claimant continues to utilize Naproxen as it offers temporary pain relief allowing the claimant to perform the activities of daily living. Examination of the bilateral upper extremities is unchanged. There is pain and tenderness. This is consistent with what appears to be double crush as the claimant do

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment 120gm x 2 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: According to MTUS, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound Medrox is a mixture of methyl salicylate, menthol, capsaicin prescribed as a patch for neuropathic pain management. Although MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines page 112 to 113, made no mention of Menthol as a recommended topical analgesic, however literature search of Journal of Pharmacology and Experimental Therapeutics Published on September 5, 2012 revealed that Menthol is one of the most commonly used chemicals in our daily life, not only because of its fresh flavor and cooling feeling but also because of its medical benefit. Previous studies have suggested that menthol produces analgesic action in acute and neuropathic pain through peripheral mechanisms. However, the central actions and mechanisms of menthol remain unclear. Recent studies report that menthol has direct effects on the spinal cord. Menthol decreased both ipsilateral and contralateral pain hypersensitivity induced by complete Freund's adjuvant in a dose dependent manner. Menthol also reduced both first and second phases of formalin-induced spontaneous nocifensive behavior. CA-MTUS primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that this is the case, therefore, the prescription of Medrol patch is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics Page(s): 64.

Decision rationale: CA- MTUS (Effective July 18, 2009), page 64, section on antispasmodics, which includes Flexeril also known as Cyclobenzaprine, is used to decrease muscle spasm in conditions such as lower back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004). They recommended for a short

course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). The recommended dosage is 5-10mg thrice daily, for no longer than 2-3 weeks, with the greatest benefit in the first 4 days of therapy. The claimant continues to be symptomatic with pain accompanied by clinical deficits and limitations on exam. However, there is no documentation of ongoing muscle spasms, stiffness, or tightness, or any functional improvement. The claimant continues to be symptomatic with pain accompanied by clinical deficits and limitations on exam. However, there is no documentation of any functional improvement with the use of this medication. Therefore the request for Cyclobenzaprine hydrochloride tablets 7.5 mg #120 is not medically necessary.

Tramadol Hydrochloride ER 150gm #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 80, 84 and 113.

Decision rationale: CA-MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines (pages 75, 80 and 84), Tramadol (Ultram), classified as a small class of synthetic opioids, with opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine as a Central acting analgesics. This class of synthetic opioids have been reported to be effective in managing neuropathic pain, with side effects similar to traditional opioids. "Opioids efficacy is limited to short term pain relief, and long term efficacy is unclear". Failure to respond to a time-limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. With respect to ongoing use of Opioids, the guideline stipulates that failure to respond to a time limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury, with the most common example being pain secondary to cancer). Further, there is no evidence of efficacy from prior usage of this medication such as a decrease in the pain level and improvement in functional ability. There is no documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant as mandated by CA MTUS. Therefore the request for Tramadol Hydrochloride ER 150gm #90 is not medically necessary.