

Case Number:	CM13-0015236		
Date Assigned:	03/12/2014	Date of Injury:	11/01/2004
Decision Date:	05/02/2014	UR Denial Date:	08/11/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 55-year-old male who was injured on November 1, 2004. The patient continued to experience right shoulder pain. The physical examination was notable for limited range of motion to the right shoulder secondary to pain. The diagnoses included right shoulder impingement syndrome and right rotator cuff tear. Treatment included right shoulder surgery times two, medications, physical therapy, and injections. Requests for authorization for Ultracet 37.5/325 mg #60, Naproxen 550 mg #60, Prilosec 20 mg #60, Prilosec 20 mg #60, and Dendracin lotion 120 ml were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF ULTRACET 37.5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Ultracet is a medication containing tramadol and acetaminophen. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. The

Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. An opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include the establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) have failed. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every four (4) hours with a maximum of 4 g/day. In this case the patient had been treated with Ultracet since at least August 2012. The patient had obtained mild analgesia with the medications. However, there was no signed opioid contract and no urine drug testing as recommended for long-term opioid use. Criteria for long-term use of opioids have not been met. The request should not be authorized.

ONE (1) PRESCRIPTION OF NAPROXEN 550MG 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. The adverse effects for gastrointestinal (GI) toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. The medications should be prescribed only one (1) at a time and should show effect within 1-3 days. The record of pain and function with the medication should be documented. In this case the patient had been receiving the medication for several months without relief. The risk of adverse effects was increased with the prolonged use of the medication. The medication should not be authorized.

ONE (1) PRESCRIPTION OF PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: Prilosec is omeprazole, which is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs (NSAIDs) and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. Medical necessity is not established.

**RETROSPECTIVE REQUEST FOR PRESCRIPTION OF DENDRACIN LOTION
120ML (DOS 8/1/13): Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: Cendracin is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol or benzocaine. The lack of evidence does not allow determination of efficacy or safety. This compounded medication contains two (2) drugs that are not recommended. Therefore, the medication cannot be recommended.

DENDRACIN LOTION 120ML BETWEEN 8/1/2013 AND 8/1/2013: 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): PAGE 111-112.

Decision rationale: Cendracin is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol or benzocaine. The lack of evidence does not allow determination of efficacy

or safety. This compounded medication contains two (2) drugs that are not recommended. Therefore, the medication cannot be recommended.