

Case Number:	CM13-0015289		
Date Assigned:	03/12/2014	Date of Injury:	09/27/2007
Decision Date:	04/04/2014	UR Denial Date:	08/16/2013
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 Internal Medicine, Arizona. 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 injured worker is a 45year old man who sustained a work-related injury on 9/27/07 when he slipped and fell on knees. The resulting injury was to his neck, upper extremities, back and both knees resulting in chornic pain. He has been treated with multiple surgeries to the knees includine a partial knee replacement of the left knee. He has received physical therapy, oral and topical analgesics, and steroid injections. His past medical history includes GERD, sleep problems, hypertension, obesity and anxiety.He was evaluated on 7/1/13 be an orthopedic surgeon. The complaints included pain and stiffness in the neck and low back with radiation to the extremities with occasional burning quality. The patient notes frequent headaches associated with the neck pain and stiffness. The patient also complains of bilateral knee pain. The exam shows paravertebral muscle spasms and pain in the knee with heel-toe walking and bending. Otherwise the neurological exam is normal. The provider documents that the patient has difficulty with standing, walking, showering, and dressing due to the pain.The orthopedic provider prescribed Medrox patch (capsaicin, menthol and methyl salcylate), hydrocodone/apap, omeprazole and tramadol to assist with the patients pain.The utilization review dated 8/15/13 denied the above medications stating they are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDROX PATCH: 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 Page(s): 28,29, 105, 111.

Decision rationale: Medrox patches are a topical analgesic that was prescribed by the treating orthopedic surgeon on 7/1/13 and was denied by utilization review on 8/15/13. According to www.dailymed.com medrox patches contains three active ingredients including capsaicin cream .0375%, methyl salicylate 20% and menthol 5%. Regarding capsaicin cream the MTUS recommends this only as an option in patients who have not responded or are intolerant to other treatments. There are no studies of a 0.0375% formulation and there is no current indication that this increased concentration over a 0.025% formulation would provide any further efficacy. Indications for capsaicin include osteoarthritis, fibromyalgia and chronic non-specific back pain but is considered experimental in very high doses. Therefore capsaicin cream is not medically necessary as there is no documentation that the patient has tried and failed other treatments and the prescribed concentration of capsaicin is considered experimental without proven benefit over lower concentrations. The MTUS is silent regarding menthol. Regarding methyl salicylate the MTUS states that salicylate topicals are significantly better than placebo in chronic pain. However, the MTUS also states that regarding compounded topical analgesics, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore since capsaicin topical is not medically necessary medrox patches are not medically necessary.

RETROSPECTIVE HYDROCODONE BIT/APAP: 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 Page(s): 74-94.

Decision rationale: The patient is suffering from chronic back and knee pain with a neuropathic component and recurrent headache. There is no documentation by the treating orthopedic provider that the patient has been tried on non-opioid analgesic medications including the first line medications recommended for neuropathic pain. According to the MTUS section on chronic back pain regarding opioids, opioids are for pain that has not responded to first-line recommendations. Opioids may be efficacious for short-term pain relief but long-term efficacy is unclear but appears limited. Furthermore opioid medications should be discontinued when there is no improvement in functionality. The patient has not improved with regards to his function, he is not working and continues to have difficulty with accomplishing his ADLs. The use of hydrocodone/apap is not medically necessary.

RETROSPECTIVE OMEPRAZOLE: 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 Page(s): 68-69.

Decision rationale: The patient has a history of Gastroesophageal Reflux Disease (GERD) but there is no documentation that he has active dyspepsia or symptoms of gastritis. According to the MTUS section on chronic pain patient's at intermediate risk for gastrointestinal events (risk factors include age 65, history of Gastrointestinal (GI) bleeding or perforation or peptic ulcer, concurrent use of ASA, steroids or a blood thinning medication) should be treated with a proton pump inhibitor when treated with an Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S medication. There is no documentation that the patient is at intermediate risk for gastrointestinal events and the patient is not being treated with an NSAID medication. The use of omeprazole is not medically necessary.

RETROSPECTIVE TRAMADOL: 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 Page(s): 75-83.

Decision rationale: The injured worker suffers from chronic pain with burning, radiation and intermittent numbness. There is no documentation that the patient has tried and failed first-line treatment for neuropathic pain. Tramadol is a synthetic, central-acting opioid analgesic medication. According to the MTUS Chronic pain section opioids are considered a second-line treatment for neuropathic pain due to the multitude of adverse drug side-effects. There is no evidence in the chart that the patient has tried first line drugs including anti-epileptic drugs or anti-depressant medications for neuropathic pain or any other non-opioid analgesic. Furthermore, tramadol is being prescribed concomitantly with hydrocodone which may enhance the Central Nervous System (CNS) depressant effects. The use of tramadol is not medically necessary.