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| <b>Case Number:</b>   | CM13-0025027 |                              |            |
| <b>Date Assigned:</b> | 11/20/2013   | <b>Date of Injury:</b>       | 03/27/2012 |
| <b>Decision Date:</b> | 02/05/2014   | <b>UR Denial Date:</b>       | 09/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2013 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

This patient is a 32-year-old female with a reported date of injury of 03/27/2012. On 09/13/2012, she was seen in clinic and complained of neck pain, shoulder and arm pain and wrist pain from an injury in 2011 when she slammed a car door strongly. She did state that she had some right shoulder pain prior to the incident; but after slamming the door, it seemed to have been exacerbated. She was taking Vicodin at 1 three times a day and was taking ibuprofen 600 mg every other day, and Dendracin cream did not help. On 03/28/2013, she returned to the clinic; she was tender along the base of the thumb, and she was wearing a wrist brace. On 07/26/2013, she was seen again, and Norco, Motrin and Dendracin cream had been provided; and then Terocin cream, Flexeril and Acetadryl were also recommended for her for her pain. She returned to clinic on 08/27/2013 and reported pain to her right wrist and hand, rated at an 8/10. She was using Medrox patches with minimal relief and was using tramadol ER 150 mg as well as Acetadryl for insomnia and Terocin lotion with tramadol as well as a mild opiate. She received a soft wrist brace on that date. On 10/02/2013, she returned to the clinic and reported continued pain to her right wrist and hand. The plan was to continue Norco, Motrin and get her a wrist splint, as well as prescribe Acetadryl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy qty: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Message therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

**Decision rationale:** The MTUS Chronic Pain Guidelines state, in discussing massage therapy, "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention, and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain." The medical records provided for review do not go forward after 10/02/2013, and the records at that time did not indicate that massage was even considered. Therefore, the current status of this claimant is unknown as to a rationale for considering massage therapy at this time. The MTUS Chronic Pain Guidelines do not specifically advocate for this treatment and it is to be used as an adjunct to other recommended treatments, such as exercise. The records at this time do not indicate that this massage therapy would be used as an adjunct to any other therapy. Therefore, the request for 8 sessions of massage therapy is not medically necessary and appropriate.

**Tramadol ER 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state, "Tramadol (Ultram<sup>®</sup>) is a centrally-acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic...The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The medical records provided for review do not indicate a current pain score for the patient, and the last clinical note of 10/02/2013 also did not indicate a pain score at that time. The records do not go forward after 10/02/2013; therefore, the status of this patient is unknown as to whether she has significant pain. Additionally, the MTUS Chronic Pain Guidelines advocate the monitoring of the 4 A's. This includes monitoring for aberrant drug-taking behavior. This would include urine drug screens, and a current drug screen has not been documented in the medical records provided for review. Additionally, when she was seen on 08/27/2013, her pain score was an 8/10 with the

medications; and therefore, another component of the 4 A's, analgesia, was not effectively controlled at that time. The MTUS Chronic Pain Guidelines indicate that tramadol is not recommended as a first-line oral analgesic. The rationale for prescribing this medication at this time is not provided for the records; and therefore, the request for Tramadol ER 150mg is not medically necessary and appropriate.

**Acetadryl:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, "Pain (updated 06/07/13)", Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12. Decision based on Non-MTUS Citation Physicians' Desk Reference section on diphenhydramine.

**Decision rationale:** Acetadryl is a combination of acetaminophen and diphenhydramine. The Physicians' Desk Reference (PDR) states that diphenhydramine is an antihistamine that reduces the effects of nature chemical histamine and may be considered reasonable for those patients suffering from colds or allergies or the symptoms of such. In discussing acetaminophen, the MTUS Chronic Pain Guidelines indicate that this may have the same risk factors as other NSAIDS; for which monitoring would be supported. The records do not indicate that a current lab test documenting renal and/or liver function has been performed to document that this medication is not causing adverse events. The last clinical note of 10/02/2013 did not describe significant insomnia and no information for which acetaminophen or diphenhydramine would be possibly considered. The medical records provided for review are silent after 10/02/2013; and therefore, the current status of this patient is unknown. Consequently, the request for Acetadryl is not medically necessary and appropriate.

**Retrospective soft wrist brace (DOS: 8/28/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 256-266.

**Decision rationale:** The ACOEM Guidelines state, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity." The records do not indicate that this patient has carpal tunnel syndrome at this time; and in fact, the records indicate that the patient has been given 2 splints without documentation of the need for another splint. Therefore, the request for a retrospective soft wrist brace (DOS: 8/28/13) is not medically necessary and appropriate.

**Terocin lotion 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state, "Topical Analgesics - Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: 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." The medical records provided for review do not indicate that this patient has a need for such a medication at this time. The records are silent after 10/02/2013. Therefore, the current status is unknown. Additionally, topical analgesics such as this are not supported by the MTUS Chronic Pain Guidelines. Capsaicin is only recommended only as an option in patients who have not responded to or are intolerant to other treatments. There is no support for capsaicin in the form of a 0.0375% formulation, such as this. Therefore, the request for Terocin lotion 4oz is not medically necessary and appropriate.